

**THE HEALTH of
NORTHAMPTONSHIRE
in 1968**

PART I



**Report of the
County Medical
Officer of Health**





QUEENSWAY HEALTH CENTRE

(see page 17)

***THE HEALTH of
NORTHAMPTONSHIRE
in 1968***

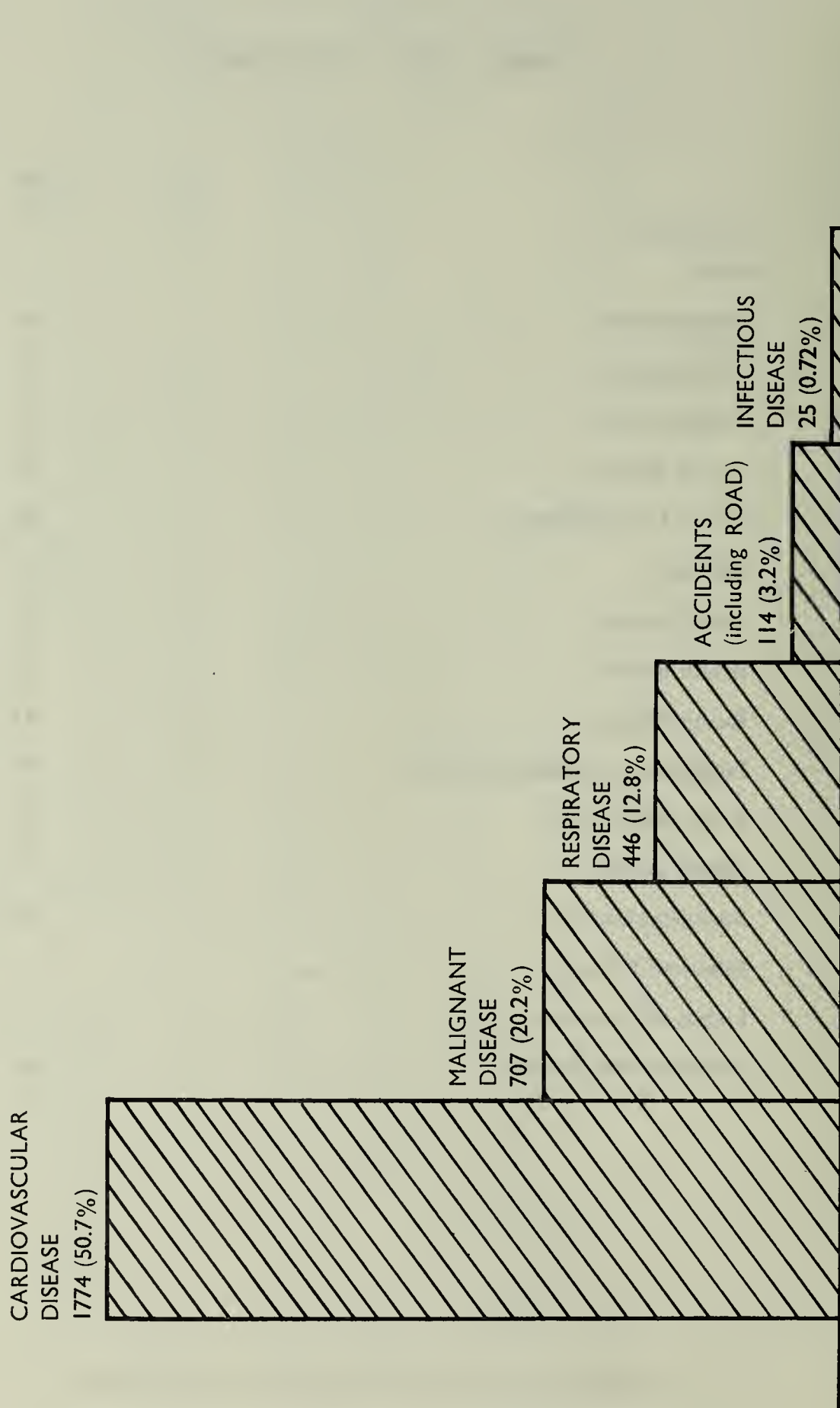
PART I

***Report of the
County Medical
Officer of Health***

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PRINCIPAL CAUSES OF DEATH 1968



NORTHAMPTONSHIRE COUNTY COUNCIL.

September, 1969

To the Chairman and Members of the Northamptonshire County Council

MADAM CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the seventy-second Annual Report of the County Medical Officer of Health.

Quite a number of developments took place during the year which have had and will have in the future considerable effect on the services both nationally and locally. Not the least of these is the rate at which the population of the County has begun to increase. This has already had a considerable impact on our services, as outlined below.

Population expansion

We are already experiencing the predicted expansion of the population in the County, with an increase of 9,130 during 1968, which was a substantial increase compared with former years. The percentage population increase from mid-year 1966 to mid-year 1968 was 4.8% compared with an increase of 1.1% for England and Wales. It is also reflected in other indices; for example, the adjusted birth rate for 1968 was 18.8 per 1,000 population, compared with a figure of 16.9 for England and Wales. This amounted to an increase of 18% above the national average, compared with 1967 when the adjusted birth rate for the County was 11% above the national average. The price of expansion can be measured in terms of the services required to meet the needs of the population, and particularly in terms of the staff needed to provide the services. It is already becoming clear that the price will be high, and that there is little point in continuing to think in terms of the number of staff provided in past years.

Although the increase in the infant mortality rate of 19.00 per 1,000 ~~population~~ compared with 18.00 in 1967 was slight, nevertheless it compares unfavourably with the figure of 16.01 in 1966, which was the lowest ever recorded in the County. Constant vigilance is necessary to ensure that the national downward trend is re-established and maintained.

A look at the causes of deaths for other age groups reveals the picture of deaths from diseases of the heart and blood vessels (50.7%), malignant conditions (20.2%), and respiratory diseases (12.8%), accounting for 83.7% of the total. In contrast, deaths from infectious diseases accounted for a fraction of this (0.72%), and deaths from accidents, including road accidents, accounted for 3.2% of the total. Although publicity must continue to be given to deaths from road accidents, in order to reduce their incidence, this is in marked contrast to the lack of interest shown in the main causes of death. It lies within the power of an individual to reduce the hazard to his health by not smoking cigarettes, but there are those who still refuse to accept the association between cigarette smoking, heart disease, chronic bronchitis and cancer of the lung. It is to be hoped that with continuing health education this attitude will be overcome, and the incidence of disease and death due to this habit will be reduced. Similarly, the benefits of a balanced diet and moderate exercise are ignored.

live birth

Liaison with the general practitioner and hospital services

The attachment of local health authority health visiting, nursing and midwifery staff to general practices, which began in 1965, laid the foundation for the formation of community health teams, which must be developed if we are to cope with the problems confronting the Health Service. The improvement in the relationships between the general practitioner and the local health authority service which resulted helped to pave the way for discussions on the need for health centres. These discussions are time-consuming and, at times, difficult, because of the complexity of the problems which have to be solved. General practitioners involved in these discussions displayed considerable interest and attention to detail in the planning process.

The first health centre in the County was opened at Queensway, Wellingborough, in December by the Chairman of the Health Committee, Mr. G. J. Roberts, J.P. This temporary health centre in three modified terraced houses was provided because of the urgent demand for accommodation caused by the influx of people into Wellingborough. It is an example of what can be achieved by cooperation between the organizations and individuals concerned: the Urban District Council, Greater London Council, Executive Council, various departments of the County Council, and not least the general practitioners themselves who gave their full cooperation.

Computer-assisted control of immunization and vaccination, which is described on Page 70, began in January, and after initial teething difficulties the system began to function smoothly; it helps to relieve general practitioners and their staffs of much routine administrative work. Allied to this is the observation register for children, which is also computer-assisted. The computer is programmed with information obtained from all three branches of the Health Service, and it provides an effective method of processing this information and thus helping to link together all those concerned in the detection and assessment of children in need of extra care and attention.

The development of the Department of Social and Preventive Medicine at Kettering General Hospital, which is the only one of its kind in a provincial hospital in the country, has furthered the relationships between the local health authority and the hospital service. It is also pleasant to report that both Dr. V. V. Tracey and Dr. I. J. Cope were given Honorary Clinical Assistantships in Paediatrics at Northampton and Kettering, respectively, and these appointments should add to the growing number of links between the hospital and local health authority services.

Green Paper, Seebohm and Todd Reports

The shape of things to come was forecast by the publication on the same day of the Green Paper on the Administrative Structure of the Medical and Related Services in England and Wales and the Seebohm Report on Local Authority and Allied Personal Social Services. Both added to the growing feeling of uncertainty which has pervaded the local health authority service in recent years. Field workers, however, can rest assured that whatever changes take place in the administration, the impact on their working lives is unlikely to be very significant.

The publication of the Todd Report, which recommended changes in the training of doctors, laid emphasis on the importance of community medicine and is likely, if its recommendations are implemented, to bring about great changes in the practice of medicine.

Dental Service

Nationally there is a trend which shows increasing demands on the dental service. The situation is aggravated in this County because of the expanding population, and also because the ratio of general dental practitioners to the population in the County is only slightly more than half the national average. These demands could be considerably reduced by the fluoridation of water supplies, and it is regrettable that, in view of the refusal of some local authorities to accept the evidence of the experts, the Central Government has failed to take appropriate action, despite an overwhelming body of evidence testifying to the safety and benefits of fluoridation, "which is without precedence in the history of public health".

Administration

Plans for the reorganization of the administrative structure of the County Health Department were formulated during the year and presented to the Health Committee in October. The majority of the proposals were accepted and are being implemented. Change can be worrying, and the staff deserve the utmost credit and my personal thanks for their cooperation and understanding during this difficult period.

Staffing

The staff were under considerable pressure during the year. Their task was not made any easier by the continuous tide of circulars and memoranda concerning legislation which flowed on to their desks. Nevertheless, some of the new legislation was particularly welcome; for example, the Health Services and Public Health Act, 1968 which, although it resulted in a greatly increased volume of work, nevertheless closed certain loopholes in the regulations dealing with the day care of the pre-school child.

I would like to express my thanks to the staff for their efforts to cope with the increased demands on their services which were only too evident during the year.

* * * * *

Finally, I should like to thank the Chairman and members of the Health Committee for their support, and my colleagues in other departments of the County Council for their continued support.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

County Medical Officer of Health.

STAFF

County Medical Officer of Health and Principal School Medical Officer:

W. J. McQUILLAN, M.B., B.Ch., L.M., D.P.H., D.C.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

J. SARGINSON, M.B., B.S., D.P.H.

Senior Medical Officers:

MISS V. V. TRACEY, B.Sc., M.B., B.Ch., D.P.H., D.C.H.

B. T. WILLIAMS, M.B., B.S., D.P.H., D.P.M. (from 1st September).

Senior Assistant Medical Officer:

MRS. J. M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H. (*also District Medical Officer of Health*).

Assistant Medical Officers:

MRS. J. APPLEYARD, M.B., Ch.B. (*part-time from 2nd January*).

MRS. M. H. BALLANTYNE, M.B., Ch.B. (*part-time*).

MRS. M. V. CAPON, M.B., B.S.

MRS. K. J. CASH, M.B., B.S. (*part-time*).

I. J. COPE, M.R.C.S., L.R.C.P., D.P.H.

MRS. G. DUNCAN M.B., Ch.B. (*part-time*).

J. V. L. FARQUHAR, M.A., M.R.C.S., L.R.C.P., D.P.H. (*also District Medical Officer of Health*).

MRS. A. C. FOGARTY, M.B., B.S., D.C.H., D.R.C.O.G. (*part-time*).

MISS M. C. GOODCHILD, M.R.C.S., L.R.C.P., D.C.H.

F. R. N. LYNCH, M.B., B.Ch., D.P.H. (*also District Medical Officer of Health*).

I. MAJID, M.B., B.S., D.P.H. (*also Deputy District Medical Officer of Health to 31st May*).

MRS. J. NAYLOR, M.B., B.Ch. (*part-time*).

T. D. PATON, M.B., Ch.B. (*part-time from 22nd January*).

MRS. S. ROBERTS, M.B., B.S. (*part-time to 31st March*).

MRS. M. B. SMITH, M.B., Ch.B., D.P.H. (*part-time*).

MRS. S. SPOONER, M.B., B.S. (*part-time from 9th July*).

MRS. M. STEVENS, M.B., Ch.B. (*part-time*).

MRS. S. E. SWAN, M.B., B.S. (*part-time*).

MRS. J. H. TEW, M.B., B.Ch., D.C.H. (*part-time*).

Mrs. V. L. WHITE, M.B., Ch.B. (*part-time*).

MRS. P. WHYTOCK, M.B., B.S. (*part-time from 9th September*).

MRS. M. M. WILLIAMS, M.B., Ch.B. (*part-time*).

MRS. J. F. WOOLFENDEN, M.B., Ch.B. (*part-time*).

General Practitioners employed part-time:

G. N. CASH, M.B., B.S. (*part-time from 11th September*).
 R. I. FROMENT, M.B., CH.B. (*part-time from 11th September*).
 N. M. HOW, M.B., B.S. (*part-time from 11th September*).
 J. LAWSON-MATTHEW, M.B., B.S. (*part-time from 11th September*).
 M. P. LEWIS, B.A., B.M., B.CH. (*part-time from 11th September*).
 R. G. LILLY, M.B., B.S. (*part-time from 11th September*).
 D. L. SCAWN, L.R.C.P., L.M. (*part-time from 11th September*).

Chief Dental Officer:

P. W. GIBSON, L.D.S., D.D.P.H.

Dental Officers:

MRS. F. CAMPBELL, L.D.S. (*part-time*).
 R. J. H. CORFE, L.D.S.
 C. COX, B.D.S. (*from 5th June*).
 D. R. HANNAH, B.D.S.
 MRS. M. E. HATRICK, L.D.S.
 R. D. R. HOPKINSON, L.D.S.
 J. R. HUMPHREYS, B.D.S.
 MRS. F. M. JONES, L.D.S.
 J. M. LACEY, L.D.S.
 C. M. PERRY, L.D.S.
 MRS. V. WILKINSON, B.D.S.

Dental Auxiliaries:

MISS G. GORMLEY.
 MISS J. GRIFFIN (*from 4th September*).
 MISS B. HARMAN.
 MISS H. ORGAN (*to 30th June*).

Chief Clerk:

R. J. BRUCE.

Assistant Chief Clerk:

K. LIGGINS, D.M.A.

Superintendent Nursing Officer:

MISS N. TAYLORSON, S.R.N., S.C.M., M.T.D., H.V.CERT., Q.N.

Deputy Superintendent Nursing Officer:

MISS L. BOGLE, S.R.N., S.C.M., H.V.CERT., Q.N.

Assistant Superintendent Nursing Officers:

MISS F. I. TAYLOR, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SC., Q.N.
 S. ROBERTS, S.R.N., Q.N.

Superintendent Health Visitor:

MRS. M. M. WALKER, S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitor:

MRS. E. DIXON, S.R.N., S.C.M., H.V.CERT.

Assistant Health Education Organisers:

H. BRACKEN, S.R.N., D.H.Ed., Q.N.

MISS J. M. WINGFIELD, S.R.N., S.C.M., D.H.Ed., H.V.CERT.

County Ambulance Officer:

P. H. J. WILKINSON.

Deputy County Ambulance Officer:

M. T. DEVEREUX.

Senior Mental Health Social Workers :

J. A. INGRAM, B.Sc., A.A.P.S.W.

E. TOWNING, R.M.P.A.*

Area Mental Health Social Workers :

S. A. CROUCH*

K. GREENWOOD, S.R.N., R.M.N., DIP.SOC.STUDIES, A.A.P.S.W.

B. F. NORMAN, DIP.SOC.STUDIES.

Mental Health Social Workers :

MISS E. M. BLISS, S.R.N.

J. L. EDWARDS, CERT.SOC.WORK.

C. R. GIBSON, S.R.N., R.M.N. (to 31st March).

R. HARRIS, S.R.N., R.M.N., CERT.SOC.WORK.

N. J. LOCKE, DIP.SOC.STUDIES.

MRS. M. F. KELLAM*.

G. A. STICKLEY.

MRS. N. J. WILSON, CERT.SOC.WORK (from 3rd July).

MISS J. D. ELLIOT (Welfare Assistant).

MRS. C. FLETCHER (Welfare Assistant).

T. F. TAYLOR (Welfare Assistant)

Mental Health Social Workers/Craft Instructors (Occupational Therapists) :

MISS G. MUNNS, M.A.O.T., S.R.O.T. (to 5th May).

MRS. J. SHARPE, M.A.O.T., S.R.O.T.

MRS. R. A. WYATT, M.A.O.T., S.R.O.T.

Training Centre Head Teachers:

Forest Gate School, Corby—MRS. E. COCKER, A.L.C.M.†

Henley Industrial Unit, Kettering—MISS F. L. CASWELL†

D. A. BEALE†

Henley School, Kettering—MISS H. E. GRIFFIN, N.N.E.B.†

Dallington Park School, Northampton—MRS. M. B. REDLEY†

Fairlawn School, Wellingborough—MISS B. V. MILLER†

Adult Training Centre, Corby—R. G. HICKS†

* Awarded declaration of recognition of experience by Council for Training in Social Work.

† Diploma for teachers of the Mentally Handicapped.

Henley Hostel:

N. L. LAFFAN, R.M.N. (*Warden*).
 MRS. M. LAFFAN (*Matron*).

Fairlawn Hostel:

MISS B. UPTON, R.M.N. (*Matron*).

Moray Lodge:

G. R. ORCHISTON (*Warden*).
 MRS. M. ORCHISTON (*Matron*).

*Child Guidance Service:**Senior Psychiatric Social Worker:*

G. E. SKINNER, A.A.P.S.W., D.P.A.

Social Workers:

MISS F. M. KINROSS (*trainee to 9th August*).
 F. D. PAYNE, DIP.SOC.STUDIES (*to 31st October*).
 MISS L. SEKULES, DIP.SOC.STUDIES (*from 1st October*).

Health Centre Administrators:

Daventry—MRS. J. BURRELL (*from 11th November*).
 Wellingborough Queensway—MISS J. PEARSON (*from 1st October*).

Senior Speech Therapist:

MRS. A. HUDSON, L.C.S.T.

Speech Therapists:

MISS C. ABBOTT, B.ED.(*Speech*) (*to 14th July*).,
 MISS M. AXE, L.C.S.T. (*from 16th September*).
 MRS. S. DAVEY, L.C.S.T. (*part-time from 20th November*).
 MRS. L. GILBY, L.C.S.T. (*part-time from 5th November*).
 MISS M. A. GROSE, L.C.S.T. (*to 31st October*).
 MISS R. KINGSTON, L.C.S.T., DIP.I.P.A.
 MRS. M. P. MANLEY, L.C.S.T.
 MISS P. R. R. MARTIN, L.C.S.T. (*to 22nd September*).
 MRS. G. WILSON, L.C.S.T., (*part-time*).

Home Help Organiser:

MISS E. NEWELL.

Assistant Home Help Organisers:

MISS S. COLLIER.
 MRS. M. HAGER.
 MRS. G. M. KIDDS.
 MRS. P. SHARMAN.

ADMINISTRATION

A brief mention was made in the Annual Report for 1967 of the impending review of the administrative structure of the Health Department. From the outset it was thought advisable to secure full staff participation wherever practicable, in order that the views of all concerned would be taken into account in deciding on the most suitable structure. Initially, a series of discussions for two groups of senior clinical and administrative and clerical staff were organized under the guidance of Professor A. J. Allaway and Mr. C. J. Bourne of the University of Leicester. Both groups submitted reports recognizing the need for a review. A small working party was then established to examine the existing structure in detail and to outline the changes necessary, so that maximum use could be made of the varied skills of all personnel, in order to cope with the rapidly increasing demands being made on the Department.

A report was presented to the Health Committee on 8 October 1968 setting out the various proposals, the majority of which were accepted. The system of administration has hitherto been organized to correspond with the committee structure. Responsibility for health matters is divided between a number of committees, as in addition to the Maternity, Nursing and Care, Mental Health and Ambulance Sub-Committees, which are the three Sub-Committees of the Health Committee, the Medical Inspection and Treatment Committee, which is a sub-committee of the Education Committee, deals with school health matters. This form of organization often meant that records or files dealing with one person or subject were distributed throughout several sections of the Department. Clearly, this was no longer appropriate, taking into account the increasing demands being made on the Department, the increased services being provided, the level of expenditure, and the number of staff employed.

As the role of the Department is the promotion of health, it was decided that this could best be fulfilled by grouping services together on a functional basis to meet the varying needs of the community. A clinical services section and a supporting general services section were established. The clinical services section comprises both a child health and an adult health section, each supervised by a senior medical officer. It had become very obvious in recent years that it was necessary to integrate all services involving the health of children, and the new child health section incorporates all activities relating to the health of pre-school and school children and has brought together all records dealing with children. This section is supervised by Dr. V. V. Tracey, Senior Medical Officer, with the assistance of Dr. I. J. Cope, Senior Medical Officer, who concentrates mainly on field work. Similarly, all services relating to adults are being grouped together into a section of adult health, which is supervised by Dr. B. T. Williams, Senior Medical Officer. The services included in this section are nursing and midwifery, home help, services for the adult mentally disordered, convalescent treatment, chiropody, occupational therapy, and it also includes the Department of Social and Preventive Medicine based at Kettering General Hospital.

A senior administrative post of Assistant Chief Clerk, who is responsible for coordinating the administrative and clerical work of the adult and child health sections has been established, and the senior clerk appointed to the post is responsible to the Chief Clerk and his Deputy. In many cases it will not be possible to separate the needs of children and adults into well-defined spheres, but no real difficulties are anticipated as both sections have the benefit of the services of the professional staff of the Department, and both senior medical officers work closely together.

The general services section, which plays an important supporting role to the clinical services section is divided into three parts. One of these is responsible for all financial and purchasing transactions, the second for staffing and establishment matters, and the third incorporates the former general office and deals with a wide variety of matters. These sections are in the charge of senior clerks, who are responsible to the Chief Clerk and his Deputy.

Brief regular meetings of senior departmental staff have been started on an experimental basis, in order to improve communications and to give staff the opportunity of finding out what is happening in other sections of the Department.

An organization can rarely afford to remain static, and the local authority health service is certainly no exception. Even as these plans have been formulated, other proposals for the decentralization of certain services have been put forward and implemented. Whilst considerable work remains to be done in implementing proposals and revising methods where appropriate, it is hoped that all the major movements of staff will be completed during 1969.

Change is a cause of concern to members of staff, whether they are directly affected or not, as inevitably there is some disruption of established work routines and working groups. However, staff in the Department have been most cooperative and helpful in bringing about these changes.

VITAL STATISTICS

| | |
|--|---------------|
| Area of the Administrative County | 574,715 acres |
| Population (Census 1961) | 292,584 |
| ,, 1968, mid-year estimate | 321,120 |
| Structurally separate dwellings occupied (Census 1961) | 96,552 |
| Private households (Census 1961) | 93,649 |
| Rateable value (April 1st, 1968) | £12,129,767 |
| Actual product of a penny rate (1967-68) | £48,149 |

| | NORTHAMPTONSHIRE | | | ENGLAND & WALES |
|--|------------------|---------------|--------------|-----------------|
| | <i>Male</i> | <i>Female</i> | <i>Total</i> | |
| Live births..... | 3,089 | 2,941 | 6,030 | |
| Live birth rate per 1,000 population..... | | | | 18.80 16.9 |
| Illegitimate live births per cent of total live births | | | | 7.20 |
| Stillbirths | 34 | 42 | 76 | |
| Stillbirth rate per 1,000 live and stillbirths ... | | | | 12.45 14.0 |
| Total live and stillbirths | 3,123 | 2,983 | 6,106 | |
| Infant deaths..... | 56 | 60 | 116 | |
| Infant mortality rate : | | | | |
| Total (per 1,000 live births) | | | | 19.00 18.0 |
| Legitimate (per 1,000 legitimate live births) | | | | 18.94 |
| Illegitimate (per 1,000 illegitimate live births) | | | | 25.35 |
| Neonatal (first four weeks) mortality rate per 1,000 live births..... | | | | 12.77 12.3 |
| Early neonatal (under 1 week) mortality rate per 1,000 live births | | | | 9.62 10.5 |
| Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths | | | | 21.95 25.0 |
| Maternal deaths (including abortion) | | | | 2 — |
| Maternal mortality rate per 1,000 live and stillbirths | | | | 0.35 0.24 |

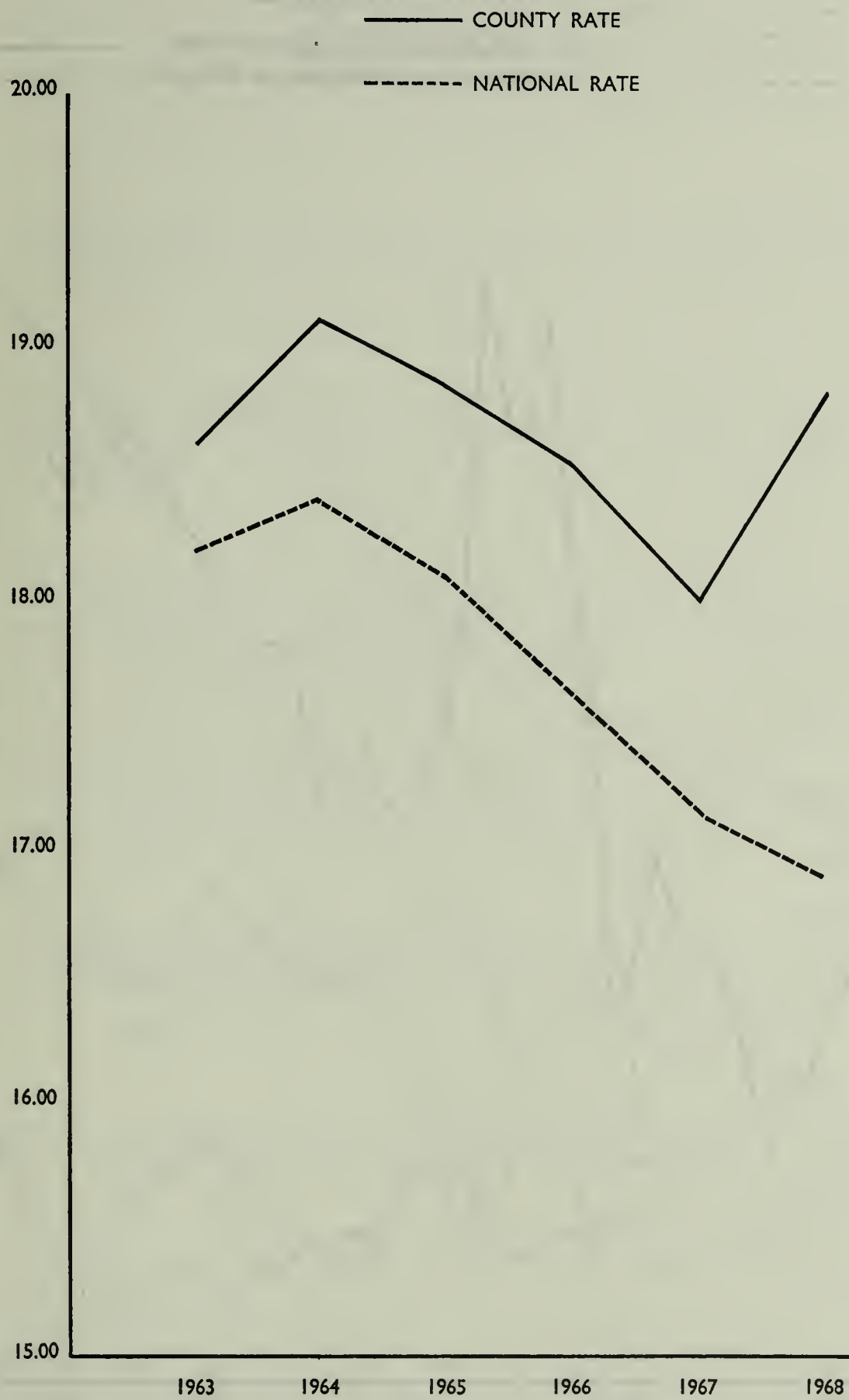
1. Population

The Registrar General's estimate of the resident mid-year population for 1968 was 321,120 compared with 311,990 in 1967, representing an increase of 9,130. The estimated populations for the urban and rural areas were 186,400 and 134,720 respectively. The natural increase in populations, being the excess of births over deaths, amounted to 2,534.

2. Deaths

The total number of deaths, after adjusting for outward and inward transfers was 3,496 compared with 3,161 in 1967 while the crude death rate was 10.9 compared with 10.1. Cardiovascular diseases accounted for 1,774 deaths (50.7% of the total), malignant conditions for 707 (20.2%) and respiratory diseases for 446 (12.8%). There were thus 2,927 in these three groups which collectively account for 83.7% of the total deaths. Whilst deaths caused by accidents, including road accidents amounted to 114 (3.2% of the total), and deaths from infectious diseases numbered 25 (0.72% of the total).

BIRTH RATE PER 1000 POPULATION



VITAL STATISTICS

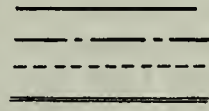
LIVE BIRTHS—RATE PER 1,000 POPULATION

DEATHS ALL AGES—RATE PER 1,000 POPULATION



VITAL STATISTICS

PERINATAL DEATHS—RATE PER 1,000 LIVE AND STILL BIRTHS
 INFANT DEATHS—RATE PER 1,000 LIVE BIRTHS
 STILLBIRTHS—RATE PER 1,000 LIVE AND STILLBIRTHS
 NEONATAL DEATHS—RATE PER 1,000 LIVE BIRTHS



Lists of the causes of deaths, classified under the sixty-five headings of the International Abbreviated List (B List) are given on pages 84 to 88 whilst the history of the death rate, together with other vital statistics for 1920-1968 are shown in graph form on page 14. Comparability factors for each urban and rural district, have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for difference in age and sex distribution and when multiplied by the crude birth and death rates of an area, make them comparable with the rates of other areas similarly adjusted.

3. Births

The number of live births was 6,030 (3,089 males and 2,941 females), compared with 5,611 in 1967, giving a birth rate of 18.80 per 1,000 population, compared with 16.9 for England and Wales.

4. Stillbirths

The number of stillbirths registered was 76 compared with 88 in the previous year. The rate per 1,000 total births was 12.45 compared with 15.00 for 1967 and with 14.0 for England and Wales.

5. Infant mortality

The number of infants who died in the first year of life was 116 (56 males and 60 females), compared with 99 in 1967. The 1968 figure includes eleven deaths in illegitimate babies. The infant mortality rate was thus 19.00 compared with 18.00 in 1967, and with 18.00 for England and Wales. The history of the rate for the past eighteen years is shown on page 15.

6. Neonatal mortality

This sub-division of the infant mortality comprises all infant deaths within twenty-eight days of birth, and accounts for 77 of the 116 infant deaths. The rate per 1,000 live births was 12.74 compared with 11.41 for 1967, and with 12.3 for England and Wales. Fifty-eight of the 77 neonatal deaths were in the first week of life, most of them being associated with prematurity.

7. Perinatal mortality

A total of 134 deaths (76 stillbirths and 58 deaths under one week) came into this category, the mortality rate being 21.95 per 1,000 live and stillbirths, compared with 24.00 in 1967 and with 25.00 for England and Wales.

8. Maternal mortality

Two women died from causes associated with childbirth according to the Registrar General's figures. There were, however, four deaths investigated by this department, details of which are given on page 18.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

Temporary Health Centre, Queensway, Wellingborough

This centre came into operation on 2 December. The accommodation provided consists of three modified terraced houses rented at a cost of £894 per annum from Wellingborough Urban District Council. There are four consulting rooms, a treatment room, a health education room and offices for receptionists, administrator, health visitors and district nurses. Very little structural alteration has been made, and where larger rooms were needed this has been achieved by the omission of internal partitions and the minimum amount of new building.

After adaptation, a total floor area of 2,730 sq. ft. has been achieved, which provides accommodation for general practitioners and local health authority services. The cost of adaptation during building was £1,600, and it is estimated that it will cost a further £1,300 to reconvert it into dwelling houses at the end of the tenancy, which is for a provisional period of three years in the first instance. The cost of furnishing and equipping the centre was £3,500.

Daventry Health Centre

Difficulties over the acquisition of the site for this building were finally resolved in February 1968. Building was commenced in May, and the original completion date for Phase 1 (general practitioner accommodation and general waiting area) was 31 December. Unfortunately, due mainly to weather conditions, this completion date was not met, but nevertheless the first phase of the health centre was brought into operation on 13 January 1969. The accommodation in this health centre has been fully described in the 1967 report.

The total cost of the centre, including site, buildings, furniture and equipment, and caretaker's bungalow and garage, amounted to £103,000.

Future Plans

Approval was obtained for provision during 1969/70 of a further temporary health centre at Wellingborough on the Hemmingwell Lodge Estate, and of purpose-built centres at Burton Latimer and Towcester. Full details of these health centres will be included in the next report.

CARE OF MOTHERS

(Section 22—National Health Service Act, 1946)

1. Notification of births

The number of births notified, after adjustment for transferred notifications was :

| | <i>Live Births</i> | <i>Stillbirths</i> | <i>Total</i> |
|--------------------|--------------------|--------------------|---------------------|
| Domiciliary | 967 | 6 | 973 (16.0%) |
| Hospital | *5,034 | 63 | 5,097 (84.0%) |
| <i>Total</i> | <u>6,001</u> | <u>69</u> | <u>6,070 (100%)</u> |

*including 155 babies delivered by domiciliary midwives in hospital.

The proportion of babies born in hospital has risen by 21.6% since 1959. The relevant statistics for the period 1956-1968 are shown in the graph on page 20.

2. Premature infants (5½ lbs. or less at birth, irrespective of the period of gestation)

There were 428 premature live births, of which 30 were at home, 6 being transferred to hospital on or before the twenty-eighth day and 43 premature stillbirths, four of which were at home. The total number of premature births (471) shows an increase compared with 1967, when there were 420. Of the live births, 89.0% survived the neonatal period.

3. Deaths ascribed to pregnancy and childbirth

Investigations were carried out into four cases where the cause of death was associated with pregnancy or childbirth.

- (a) Patient aged 23—died at home.
Cause : Acute cardiac failure due to status asthmaticus associated with co-arctation of the aorta and pregnancy.
- (b) Patient aged 21—died at Kettering General Hospital.
Cause : Congestive cardiac failure ; cor pulmonale ; thyrotoxicosis—recent spontaneous abortion.
- *(c) Patient aged 45—died at home.
Cause : Pulmonary embolism ; thrombophlebitis of legs ; ten weeks pregnant.
- *(d) Patient aged 25—died at Northampton General Hospital.
Cause : Bronchopneumonia ; quadriplegia ; eclampsia.

* Included in the table of deaths as reported by the Registrar General on pages 84 and 85.

In addition, a maternal death which occurred in a Birmingham hospital in 1966 and not previously notified, was reported by a Consultant Obstetrician and subsequently investigated. The cause of death in this case was pregnancy complicated by mild toxæmia. The patient was

delivered spontaneously in hospital after surgical induction. She was readmitted to hospital with convulsions, three weeks postpartum, became anuric and was transferred to Birmingham for dialysis, where she died.

4. Relaxation and parentcraft classes

Details of these classes are given in the section on health education (page 43).

5. Maternity accommodation

Details are given in the section on midwifery (page 33).

6. Care of unmarried mothers

Financial responsibility was accepted by the County Council for the maintenance of 24 unmarried mothers in mother and baby homes, including twelve in St. Saviour's Home, Northampton. Each girl was required to contribute any maternity benefit she received, less an allowance for pocket money of 18/- per week, other voluntary payments made on behalf of any applicant being deducted from the final account.

Of the 434 illegitimate births in the county, 123 were helped by case workers of the Northampton Diocesan Catholic Child Protection and Welfare Society and the Peterborough Diocesan Family and Social Welfare Council, the latter body receiving a grant of £1,200 from the County Council towards the cost of its work in the community.

Of the cases helped by these organisations, 104 were first pregnancies. The ages of the mothers ranged from 14 to over 30 years, with those aged 21 or less accounting for 99 (80.5%) of the total.

7. Family planning

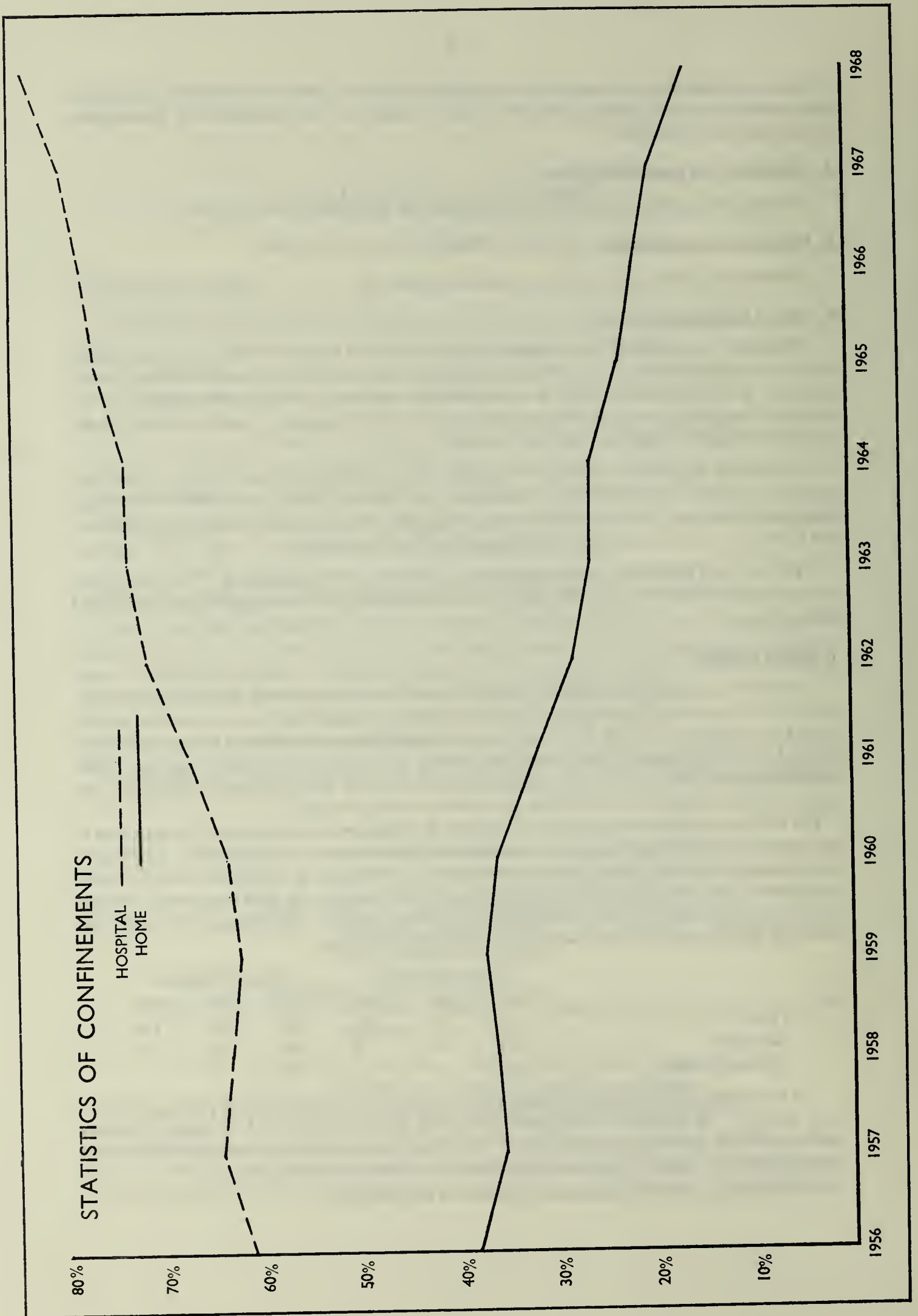
A review of the family planning facilities provided by the local health authority was carried out in 1967, as a result of which the Health Committee recommended that the existing service should be expanded, and that advice and supplies should be provided free of charge to patients referred on medical grounds and to patients falling into certain social priority groups. This recommendation could not be fully implemented, because of restrictions on expenditure, and only a limited expansion of the service was possible during the year.

The number of clinic sessions held in Corby and Kettering was increased from October, and in the same month clinic sessions were commenced in Wellingborough. Despite this, the number of attendances at these clinics continued to decrease. Whereas in 1964 there were 492 total attendances (including 116 first attendances) at 36 clinic sessions, in 1968 there were 296 total attendances (including 70 first attendances) at 48 clinics sessions. The comparative figures for 1968 and the previous two years are shown in the following table :

| | | | | <i>First attendances</i> | | | <i>Total attendances</i> | | |
|----------------|-----|-----|-----|--------------------------|------|------|--------------------------|------|------|
| | | | | 1968 | 1967 | 1966 | 1968 | 1967 | 1966 |
| Corby | ... | ... | ... | 33 | 46 | 36 | 85 | 110 | 124 |
| Kettering | ... | ... | ... | 53 | 76 | 9 | 230 | 253 | 269 |
| Wellingborough | ... | ... | ... | 6 | — | — | 20 | — | — |

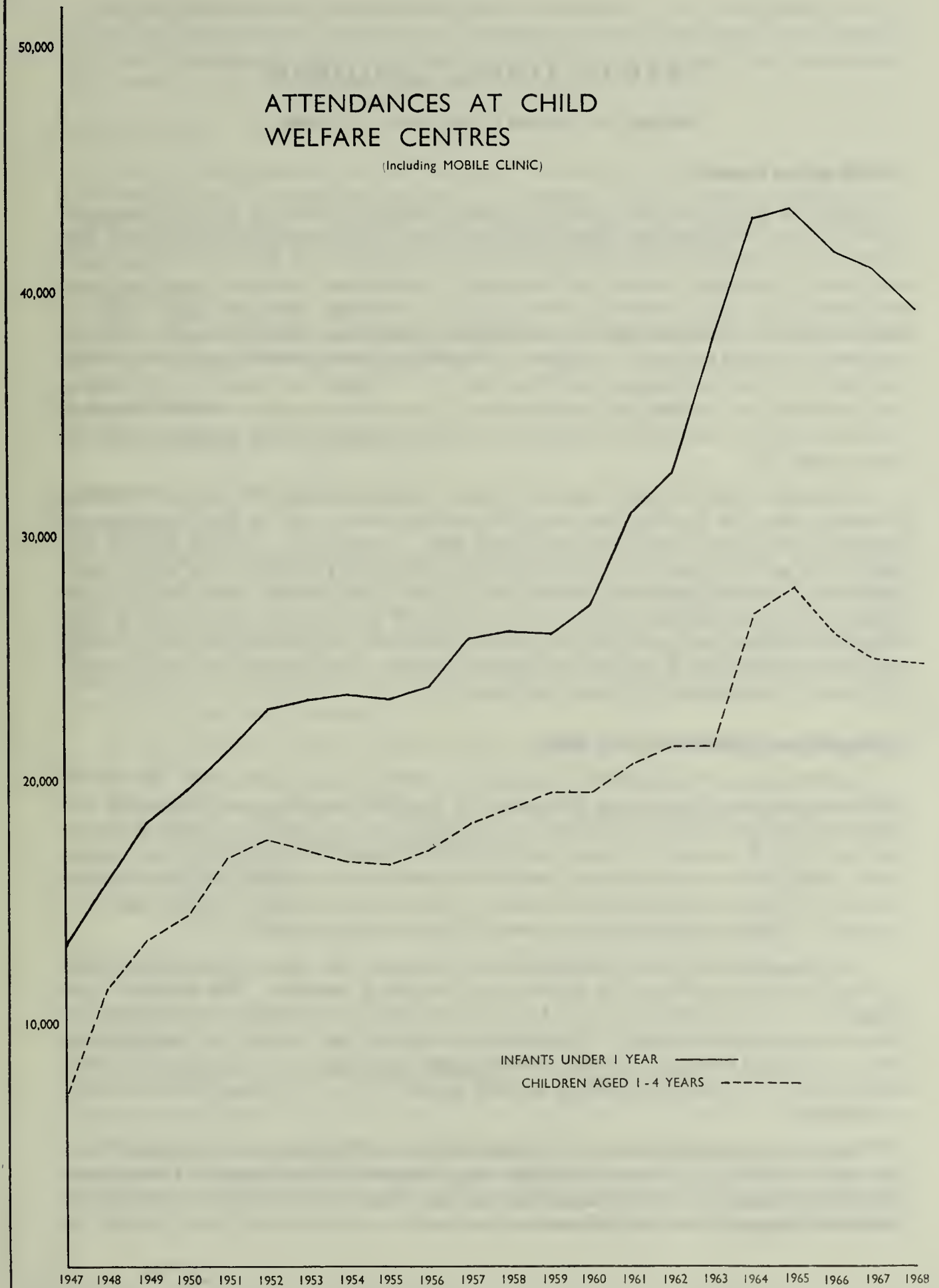
It is thought that general practitioners have increased the range of family planning services they provide. An enquiry to determine the extent of the current need for family planning services is to be carried out early in 1969.* The findings should help in deciding what further changes should be made in the service provided by the local health authority.

* This survey has now been completed and the results are being assessed.



ATTENDANCES AT CHILD WELFARE CENTRES

(Including MOBILE CLINIC)



CARE OF YOUNG CHILDREN

(Section 22—National Health Service Act, 1946)

1. Child welfare centres

During the year centres were opened at Yardley Gobion and Welton, as well as a temporary health centre on the Queensway Estate, Wellingborough where a centre in hired premises was closed, as were centres at Corby Diagnostic Centre and Woodford. At the end of the year there was a total of 61 centres, of which five were held in purpose-built premises (Stuart Road and Pen Green Lane, Corby, Kettering, Rushden and Oxford Street, Wellingborough); three in adapted premises (Corby Beanfield, Desborough and Queensway, Wellingborough); and the remaining 53 in hired buildings. In addition, the services provided in rural areas by the mobile clinic have continued and regular calls were made at 43 villages, while mothers and children from 66 villages and hamlets were conveyed to it by the estate car which tows the caravan. A full list of child welfare centres throughout the county, showing average attendances, will be found on page 32.

The number of children under one year of age who attended child welfare centres (including the mobile clinic) for the first time was 5,243 and they made a total of 39,077 attendances, compared with 4,981 and 41,009 respectively in 1967. Attendances of children between the aged of one and five years were 24,122 compared with 24,871 in 1967. The mobile clinic continued to provide a satisfactory service with a total of 396 children under the age of one attending it for the first time, as well as 174 between the ages of one and five years. A total of 4,658 attendances was made compared with 4,326 in 1967. Some 225 special bus journeys were made to 19 centres in rural areas in order to convey 1,228 mothers and 1,749 children; an average of 6 mothers and 8 children per journey.

2. Nurseries and Child-Minders Act, 1948

The Nurseries and Child-Minders Regulation Act 1948 was amended in 1968. The section was brought into operation on 1st November and from that date the scope of the 1948 Act extended to include registration of premises other than those used wholly or mainly as private dwellings in which children are received for a total of two hours or more in the day, and persons who in their own homes and for reward, look after, for similar periods, one or more children under the age of five years to whom they are not related. Prior to this amendment it was not necessary to apply for registration unless more than two children were daily minded.

The Department of Health and Social Security requested that local authorities should take appropriate steps to publicise the provisions of the Act as amended. This authority took immediate steps to implement the new Act and the procedure to be applied for playgroup and nursery registrations was revised. The amendment to the Act was welcomed in view of the ever increasing demand by people to run day nurseries and play groups. It is also bringing to light instances where less than three children are daily minded where it is felt inspection and advice are desirable.

Play groups organised by mothers' clubs are held in County Council premises at Stuart Road and Beanfield Hall, Corby, also at Wellingborough, Rushden and Desborough. Other groups are held in a variety of private premises ranging from private houses to Church Halls and less frequently purpose-built or especially adapted premises.

Day nurseries and play groups not only exist for the benefit of the working mother but to prepare the child gradually for the longer separation from home which takes place when the five year old commences school. The child learns through play and also gains independence and confidence from the companionship of other children.

3. Mothers' clubs

There are now 21 mothers' clubs in the county, all of which are thriving. The organisation of the clubs is left to the members themselves, but advice and help is always obtainable from Health Department staff. To qualify for a setting-up grant of £25, each club is required to devote 75% of its annual programme to subjects related to health education.

4. Child guidance

This service, which is available to pre-school children where necessary, is dealt with in Part II of The Health of Northamptonshire in 1968.

5. Speech therapy

This is likewise considered in Part II.

6. Distribution of welfare and other foods

(a) WELFARE FOODS

The policy of providing centres for the distribution of national dried milk, cod liver oil, vitamin tablets and orange juice wherever there is a demand has continued. A full-time centre at Northampton as well as part-time centres at Corby, Daventry, Kettering, Rushden and Wellingborough are manned by County Council staff. In addition food is sold from the mobile clinic. The remaining centres are manned by voluntary workers who distribute foods from their houses, from shops and at child welfare centres. A debt of gratitude is due to these volunteers for their continuing good work.

At the end of the year there were 133 centres, of which 125 were voluntary, including child welfare centres.

The number of items distributed during the year was 147,054 compared with 156,446 in 1967.

| | | | |
|---|-----|-----|---------|
| National Dried Milk (full and half cream) | ... | ... | 59,319 |
| Cod Liver Oil | ... | ... | 4,474 |
| A and D tablets. | ... | ... | 3,930 |
| Orange Juice | ... | ... | 79,331 |
| Total | ... | ... | 147,054 |

7. Dental Care

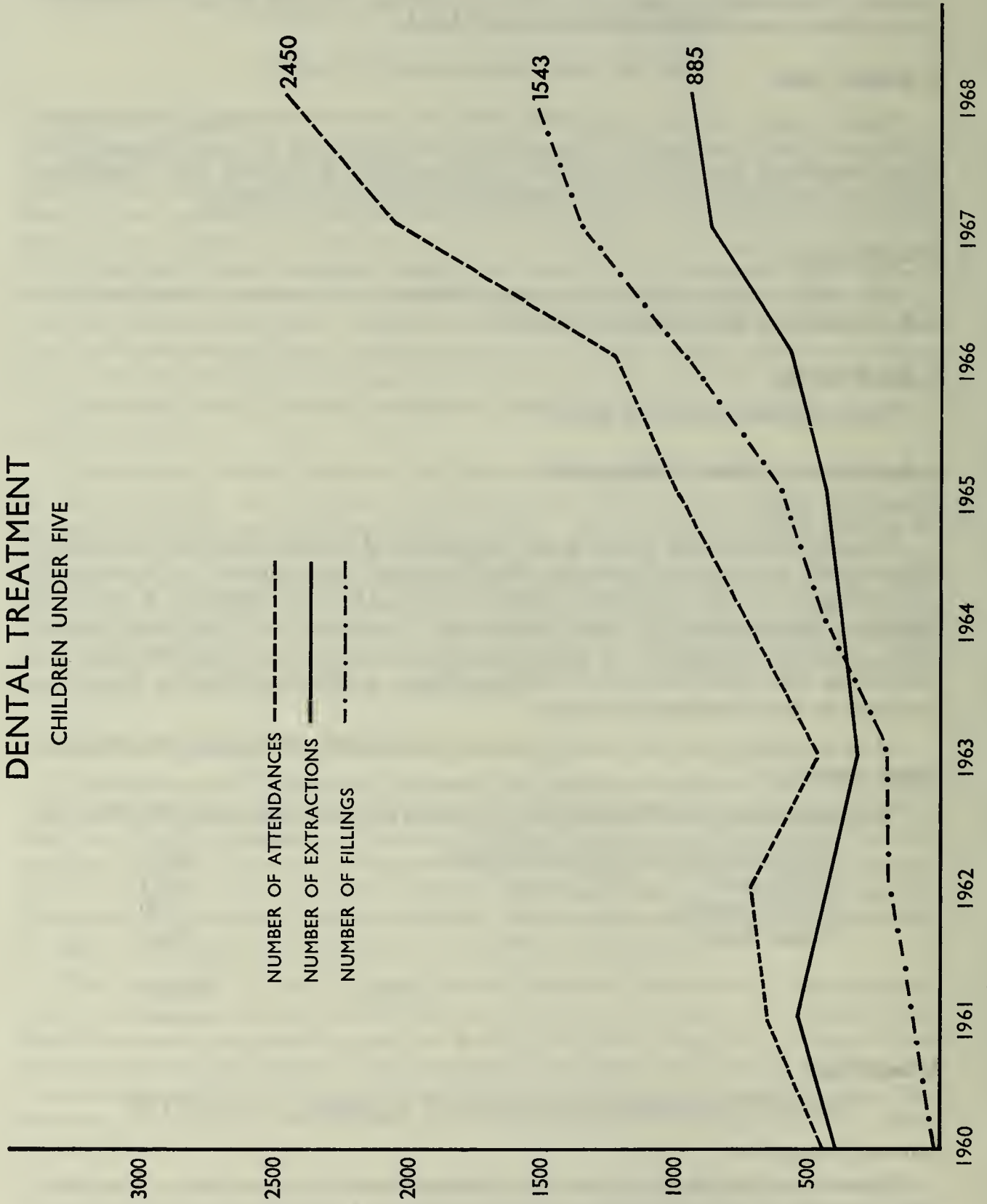
REPORT BY THE CHIEF DENTAL OFFICER—P. W. GIBSON, L.D.S., D.D.P.H.

CHILDREN UNDER FIVE

The number of pre-school children seen in 1968 increased again appreciably ; 2,450 (2,018) attendances were made, during which 1,543 (1,344) fillings and 885 (845) extractions were carried out. Figures for 1967 are in brackets. Against a staff position, which, while fluctuating, did not improve overall during the year, attendances increased by 21% and fillings by 14%, while

DENTAL TREATMENT

CHILDREN UNDER FIVE



extractions pleasingly increased by only 4% over the previous year. A satisfactory trend in treatment pattern has been shown since 1960. While the number of attendances and fillings are five and twelve times the 1960 figures, the number of extractions carried out for these children last year is only double that for 1960. Nevertheless one can only repeat the warning previously made, that only a relatively small proportion of these children are being seen by the continued efforts of local authority dental officers and general dental practitioners. 16% of all our pre-school children were seen in 1968 against a national average of 6% for all local authorities in England and Wales.

THIRD BIRTHDAY INVITATION SCHEME

This scheme was extended to cover the whole of the County Administrative Area in 1968; 4,343 invitation cards were sent out, from which there were 933 acceptances, approximately 22% (25% in 1967). Additional benefits of this system lie in the number of other children, members of the same family as the one invited, who are brought to the clinic for inspection and treatment as a result of the receipt of the invitation card, and of course, in those who go for inspection to their family dentist. In the latter cases the invitation card serves as a timely reminder.

CHILD WELFARE CLINICS

As previously, some dental officers have continued to make visits to child welfare clinics in order to reach the mothers of very young children, who together with the young children themselves represent a most important group as regards prevention of disease through health education. Fourteen child welfare clinics were visited by dental officers in 1968 (ten in 1967).

The number of expectant and nursing mothers seen in the clinics showed little change.

The number of attendances rose slightly from 373 (1967) to 423 (1968) but the actual number of mothers seen actually fell by one to 108. Forty-five mothers were supplied with dentures.

FLUORIDATION OF WATER SUPPLIES

No progress has been made towards fluoridation of water supplies in this county and this has to be regretted. This remains the cheapest, easiest and safest way of reducing the amount of dental treatment necessary for children. But, while the largest other local authority sharing our water supplies has not accepted the efficacy of this public health measure, we cannot make any practical progress ourselves.

FUTURE POLICY

According to figures published by the Ministry of Health for 1967 which are the latest available, the amount of treatment given to children aged 0-4yrs by general dental practitioners within the National Health Service represented slightly less than 2% of all treatment given for children aged 0-15yrs.¹ Local Authority dental officers on average, saw 6% of the total population of this age group. Because the administrative machinery of the various branches of the national dental services does not collect comparative statistics, it is not possible to count the number of children of any particular age group being treated nationally, although estimates can be, and have been made. These estimates would tend to indicate that perhaps 75-80% of pre-school children are not under the regular supervision of any of the dental services. In 1954, G. L. Slack said, "The pre-school child is the most neglected of all age groups requiring dental care, but a slow change is taking place".² The change would appear to be slow. From the point of view of prevention, and in order to minimise complications which inevitably arise from the neglect of timely treatment, this age group is very properly recognised and administra-

tively labelled as a priority group. However, the formation and implementation of any policy on a national basis which would ensure that a more realistic proportion of available effort, albeit from a basically inadequate labour force, be directed towards this age group, is conspicuously absent. Early diagnosis, treatment and educational programmes for pre-school children would logically promote better utilization of other dental practitioner services, thus promoting an improved general level of dental care, and better dental health in later years.

¹ Ministry of Health. Ann. Report : 1967 : p. 102, Table 22 : Treatment for Priority Classes

² Slack, G. L. " Preventive Dentistry and the Pre-School Child." Dental Record : April 1954.

8. Causes of deaths of children under one year

The details of deaths given in the table below have been analysed from the weekly returns which are received from the local registrars. The table is based on causes of deaths as given on the death certificate but, as practitioners vary in the way in which they complete these, the classification is not uniform. In all cases where prematurity was mentioned on the death certificate, this has been classified as the cause of death.

CAUSES OF DEATH UNDER ONE YEAR

| CAUSE OF DEATH | 1959 | | | 1960 | | | 1961 | | | 1962 | | | 1963 | | |
|---|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|
| | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | |
| | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total |
| Prematurity | 30 | 1 | 31 | 36 | — | 36 | 39 | 2 | 41 | 50 | 1 | 51 | 39 | — | 39 |
| Congenital malformations ... | 18 | 11 | 29 | 21 | 14 | 35 | 17 | 11 | 28 | 13 | 11 | 24 | 8 | 10 | 18 |
| Respiratory diseases ... | 5 | 10 | 15 | 1 | 9 | 10 | 2 | 9 | 11 | — | 10 | 10 | 4 | 12 | 16 |
| Infections (other than lung and gut) | — | 4 | 4 | 3 | 7 | 10 | — | 1 | 1 | 1 | 3 | 4 | — | 4 | 4 |
| Asphyxia and atelectasis ... | 8 | — | 8 | 1 | 1 | 2 | 5 | 1 | 6 | 2 | — | 2 | 6 | — | 6 |
| Birth injury | 1 | — | 1 | 9 | — | 9 | 2 | — | 2 | 7 | — | 7 | 9 | — | 9 |
| Accidental | 1 | 1 | 2 | — | — | — | — | — | — | — | 3 | 3 | — | 2 | 2 |
| Enteritis and diarrhoea ... | — | 2 | 2 | 1 | 4 | 5 | — | — | — | — | 1 | 1 | — | 1 | 1 |
| Haemolytic disease ... | 1 | — | 1 | 1 | — | 1 | 1 | — | 1 | 1 | — | 1 | 1 | — | 1 |
| Other causes | 1 | 3 | 4 | 3 | 1 | 4 | 2 | 3 | 5 | 2 | 2 | 4 | 2 | 6 | 8 |
| * TOTALS ... | 65 | 32 | 97 | 76 | 36 | 112 | 68 | 27 | 95 | 76 | 31 | 107 | 69 | 35 | 104 |
| No. of live births... .. | 4800 | | | 5183 | | | 5337 | | | 5528 | | | 5692 | | |
| Infant mortality rate per 1,000 live births ... | 20.20 | | | 22.57 | | | 17.61 | | | 19.54 | | | 17.92 | | |

| CAUSE OF DEATH | 1964 | | | 1965 | | | 1966 | | | 1967 | | | 1968 | | |
|---|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|---------------------|------|-------|
| | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | | <i>Age in weeks</i> | | |
| | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total | -4 | 4-52 | Total |
| Prematurity ... | 50 | 1 | 51 | 29 | 1 | 30 | 37 | 1 | 38 | 31 | — | 31 | 39 | 1 | 40 |
| Congenital malformations ... | 10 | 8 | 18 | 14 | 10 | 24 | 11 | 8 | 19 | 12 | 8 | 20 | 20 | 7 | 27 |
| Respiratory diseases ... | 4 | 10 | 14 | 4 | 3 | 7 | 6 | 14 | 20 | — | 15 | 15 | 3 | 19 | 22 |
| Infections (other than lung and gut) ... | 1 | 6 | 7 | 3 | 7 | 10 | 3 | 4 | 7 | 3 | 6 | 9 | 3 | 3 | 6 |
| Asphyxia and atelectasis ... | 5 | 2 | 7 | 4 | 4 | 8 | 1 | — | 1 | 8 | — | 8 | 3 | — | 3 |
| Birth injury ... | 3 | — | 3 | 10 | — | 10 | 2 | — | 2 | 5 | — | 5 | 5 | — | 5 |
| Accidental ... | — | 2 | 2 | — | — | — | 1 | 1 | 2 | — | 1 | 1 | — | 3 | 3 |
| Enteritis and diarrhoea ... | — | 3 | 3 | — | 2 | 2 | 2 | — | 2 | — | 1 | 1 | 1 | 1 | 2 |
| Haemolytic disease ... | 2 | — | 2 | 3 | — | 3 | 1 | — | 1 | 3 | — | 3 | 2 | 1 | 3 |
| Other causes ... | 1 | — | 1 | — | 1 | 1 | — | — | — | — | 6 | 6 | 2 | 2 | 4 |
| * TOTALS ... | 76 | 32 | 108 | 67 | 28 | 95 | 64 | 28 | 92 | 62 | 37 | 99 | 78 | 37 | 115 |
| No. of live births... | 5937 | | | 5755 | | | 5684 | | | 5611 | | | 6034 | | |
| Infant mortality rate per 1,000 live births ... | 18.36 | | | 16.86 | | | 16.01 | | | 17.64 | | | 19.24 | | |

*These figures differ slightly from those given by the Registrar General who recorded 77 deaths under four weeks and a total of 116 deaths under one year during 1968.

As in previous years prematurity, congenital malformations and respiratory diseases were the three main causes of infant deaths and they accounted for no less than three out of every four of the deaths.

9. Register of Congenital Abnormalities

The number of congenital abnormalities by site reported in Northamptonshire was 120 or 1.97% of the total of live and stillbirths compared with 2.35% for 1967.

The corresponding figure for England and Wales for 1967 was 2.0%.

| Category | Northamptonshire | | | | England and Wales | |
|-----------------------------|------------------|-------|------|-------|-------------------|-------|
| | 1968 | % | 1967 | % | 1967 | % |
| Central Nervous System ... | 25 | 20.8 | 33 | 24.4 | 3,949 | 23.3 |
| Eye-Ear ... | 7 | 5.8 | 3 | 2.2 | 515 | 3.1 |
| Alimentary System ... | 11 | 9.2 | 15 | 11.1 | 1,874 | 11.1 |
| Heart and Great Vessels ... | 7 | 5.8 | 7 | 5.2 | 716 | 4.2 |
| Respiratory System ... | 0 | 0.0 | 1 | 0.7 | 169 | 1.0 |
| Uro-Genital System ... | 9 | 7.5 | 9 | 6.7 | 1,309 | 7.7 |
| Limbs ... | 40 | 33.3 | 43 | 31.9 | 5,849 | 34.6 |
| Other Skeletal ... | 2 | 1.7 | 4 | 3.0 | 378 | 2.2 |
| Other Systems ... | 14 | 11.7 | 13 | 9.6 | 1,136 | 6.7 |
| Other Malformations ... | 5 | 4.2 | 7 | 5.2 | 1,026 | 6.1 |
| Total ... | 120 | 100.0 | 135 | 100.0 | 16,921 | 100.0 |

Note: Where a child had multiple abnormalities of the same generic category (e.g. Spina Bifida with hydrocephalus: or hare lip with cleft palate) for the purpose of the table it has been included once only.

During the year, 101 babies were reported as having a total of 128 abnormalities an analysis of which is as follows :

| CENTRAL NERVOUS SYSTEM | | | | LIMBS | | | |
|--|-----|-----|----|--|-----|-----|----|
| Anencephalus | ... | ... | 11 | Reduction deformities (amelia hemimelia, phocomelia etc.) | ... | ... | 1 |
| Hydrocephalus | ... | ... | 2 | Polydactyly | ... | ... | 4 |
| Other defects of brain | ... | ... | 2 | Syndactyly | ... | ... | 1 |
| Spina Bifida | ... | ... | 14 | Dislocation of hip | ... | ... | 5 |
| EYE, EAR | | | | Talipes | ... | ... | 23 |
| Anophthalmos, microphthalmos | ... | ... | 2 | Other defects of shoulder girdle, upper arm and forearm | ... | ... | 1 |
| Accessory auricle | ... | ... | 3 | Other defects of hand | ... | ... | 3 |
| Other defects of ear | ... | ... | 3 | Other defects of pelvic girdle and lower limb | ... | ... | 2 |
| ALIMENTARY SYSTEM | | | | OTHER SKELETAL | | | |
| Cleft lip | ... | ... | 4 | Defects of skull and face | ... | ... | 1 |
| Cleft palate | ... | ... | 4 | Chondrodystrophy | ... | ... | 1 |
| Tracheo-oesophageal fistula oesophageal atresia and stenosis | ... | ... | 1 | OTHER SYSTEMS | | | |
| Intestinal atresia | ... | ... | 1 | Other defects of face and neck | ... | ... | 1 |
| Rectal and anal atresia | ... | ... | 4 | Defects of muscles | ... | ... | 1 |
| HEART AND GREAT VESSELS | | | | Vascular defects of skin, subcutaneous tissues, and mucous membranes (including lymphatic defects) | ... | ... | 9 |
| Tetralogy of fallot | ... | ... | 1 | Other defects of skin (including ichthyosis congenita) | ... | ... | 2 |
| Septal defect | ... | ... | 1 | Exomphalos, omphalocele | ... | ... | 1 |
| Other defects of heart and great vessels | ... | ... | 5 | OTHER MALFORMATIONS | | | |
| URO-GENITAL SYSTEM | | | | Mongolism | ... | ... | 3 |
| Other defects of kidney and ureter | ... | ... | 1 | Other | ... | ... | 2 |
| Hypospadias, epispadias | ... | ... | 5 | | | | |
| Other defects of male genitalia | ... | ... | 3 | | | | |

Of the 101 babies where abnormalities were detected at birth, 12 were stillborn and 22 subsequently died. In 17 cases more than one abnormality was detected ; of these two were stillborn and seven died.

10. The observation register

The computer has been used to maintain the observation register for children born since 1st January, 1968, the names of the children for inclusion on the register being derived from two sources. Firstly, from details recorded on the birth notification form, certain children are placed on to a suspense file, leading in the majority of instances to transfer to the observation register. Secondly, the more detailed clinical information contained in the reports of Consultant Paediatricians, discharge reports from maternity hospitals and from health visitors, brings to light many children in need of observation.

ADMISSION TO THE OBSERVATION REGISTER FROM THE " SUSPENSE FILE "

As details are fed into the computer from the birth notification forms, any child coming into one or more of the following categories is automatically placed on to a suspense file.

1. Gestation period of less than 36 weeks.
2. Birth weight of less than 4lbs. 8ozs.
3. Gestation period of more than 42 weeks. (This was later amended to include only babies born after a gestation period of more than 43 weeks unless they weighed less than 6lbs. at birth.)
4. A congenital abnormality observable at birth.

At the same time as the health visitor's card is being made out the computer prints out an initial enquiry form for each baby on the risk suspense file. The health visitor returns this form with a report on the baby's progress within six weeks of birth. It is scrutinised by the Senior Medical Officer for Child Health, and any additional information received from other sources is taken into account in making a decision as to whether the baby should be placed on the observation register. At the same time the date of the next review of the baby's progress is fed into the computer so that, at the appropriate time, a form asking for a further report is sent automatically to the health visitor.

ADMISSION TO OBSERVATION REGISTER FROM OTHER SOURCES

Copies of the reports to general practitioners about babies born in hospital are sent to the Health Department and from them the Senior Medical Officer selects the babies who should be put on the register for observation. When this has been done, the computer prints out a form informing the health visitor that the baby's name is on the Observation Register and giving her advance information that she will be asked for a report on the baby's progress. This procedure covers babies in need of observation because of obstetric complications, conditions such as Rhesus and ABO incompatibility, infections and abnormalities apparent during the neonatal period. A certain number of children who should be observed because of adverse family history also come to notice in this way but the majority of such cases are notified by health visitors who are also the main source of information about babies for observation on social grounds.

PROCEDURE FOR THE REVIEW OF CHILDREN ON THE REGISTER

Once a month the computer prints out, in triplicate, forms for every child due for review during the next month. One copy is sent to the health visitor for her to return with her report. The second copy is used by the Senior Medical Officer to indicate the date for the next examination when the report is returned and to code for the computer the condition under observation. In a certain number of instances it is possible to say at an early stage that there is no need for continuing special observation and that child's name is removed from the current list of the observation register though the details of the case are retained on the computer file for reference at a later date if required.

CLASSIFICATION OF CHILDREN ON THE REGISTER

The computer programme in use during 1968 provided for the classification of babies on the observation register into the following categories.

1. Congenital malformations
2. Birth weight under 4lbs. 8ozs.
3. Post-maturity—more than 43 weeks gestation
4. Prematurity—less than 36 weeks gestation
5. Family history of—
 - Congenital deafness
 - Congenital blindness
 - Mental retardation
 - Psychiatric history of mother in pregnancy
 - Maternal age
6. Rubella in first 16 weeks of pregnancy
7. Toxoplasmosis
8. Jaundice—more than 20mgm% of bilirubin
9. Birth asphyxia
10. Respiratory distress, cyanotic attacks
11. Convulsions

12. Unsatisfactory post-natal state
13. Abnormal neurological signs
14. Prolonged poor sucking
15. Failure to thrive
16. Other conditions

OBSERVATION REGISTER AT 31ST DECEMBER, 1968

At the end of the year, 490 children born during 1968 were on the observation register. Of these 345 children had only one factor requiring observation and the remaining 145 children had more than one factor, making a total of 269 items for observation. From the birth notification forms 631 children were placed on the suspense file, 202 of whom were later considered to be developing normally. The majority of these were babies of 42 weeks gestation, many of whom showed no signs of post maturity and in other cases there was doubt about the accuracy of the gestation period recorded. Of those on the register 47 subsequently died and 32 moved out of the county.

The following table is an analysis of the categories relating to the children on the observation register.

| | | | | | <i>Analysis of observation categories of current cases</i> |
|---|-----|-----|-----|-----|--|
| Congenital malformation | ... | ... | ... | ... | 81 |
| Birth weight under 4½ lbs. | ... | ... | ... | ... | 86 |
| Post-maturity | ... | ... | ... | ... | 54 |
| Gestation period less than 36 weeks (premature) | ... | ... | ... | ... | 88 |
| Family history of—Congenital deafness | ... | ... | ... | ... | 7 |
| Congenital blindness | ... | ... | ... | ... | — |
| Mental retardation | ... | ... | ... | ... | 1 |
| Psychiatric history of mother | ... | ... | ... | ... | |
| in pregnancy | ... | ... | ... | ... | 3 |
| Maternal age | ... | ... | ... | ... | 7 |
| Rubella in first 16 weeks of pregnancy | ... | ... | ... | ... | — |
| Toxoplasmosis | ... | ... | ... | ... | — |
| Jaundice—more than 20 mgm % of bilirubin | ... | ... | ... | ... | 11 |
| Birth asphyxia | ... | ... | ... | ... | 33 |
| Respiratory distress, cyanotic attacks | ... | ... | ... | ... | 19 |
| Convulsions | ... | ... | ... | ... | 2 |
| Unsatisfactory post-natal state | ... | ... | ... | ... | 23 |
| Abnormal neurological signs | ... | ... | ... | ... | 1 |
| Prolonged poor sucking | ... | ... | ... | ... | 1 |
| Failure to thrive | ... | ... | ... | ... | 1 |
| Other | ... | ... | ... | ... | 185 |
| Undecided | ... | ... | ... | ... | 11 |
| | | | | | <hr/> 614 |
| No. of children on observation register | | | | | |
| at 31st December, 1968 | ... | ... | ... | ... | 490 |
| No. of children on observation register for more than one | | | | | |
| condition at 31st December, 1968 | ... | ... | ... | ... | 145 |

11. Children born up to 31st December 1967

A separate system exists for the observation of children born before the 1st January, 1968, many of whom were on the old "at risk" register. This register was established at the beginning of the last quarter of 1963 but by the end of 1967 it was felt that it was not serving its purpose adequately. The names of a large number of infants were added to the register at or shortly after birth but the subsequent follow-up of these children was difficult to organise and carry out. Consequently it was decided to carry out a comprehensive review of the children on the "at risk" register to decide how many needed further surveillance because of established or potential handicaps, and to make these children the basis of a different observation register which would function on the same principles as the newly established one made possible by the introduction of the computerised record system.

Because of the size of the task it was not practicable to arrange for each child to be seen by a medical officer and for this reason, the preliminary assessment was delegated to the health visitors who were asked to say which children seemed to be developing normally and which required further assessment on either a short-term or long-term basis. The attachment of health visitors to general practitioners made it possible for them to discuss many of the children with their family doctors before submitting their reports.

The information received from health visitors was collated with information derived from other sources, particularly copies of reports to general practitioners from consultant paediatricians. In order to facilitate sorting of the cards and arrangements for follow-up appointments, a punch card was prepared for each child transferred from the "at risk" register to the observation register, providing in summary form basic details about the child and the reason for which the child was under observation. The card was also marked to indicate the date when the next examination should be carried out.

A substantial number of children were transferred to the observation register though not necessarily with conditions which could have been predicted from the category of risk factor at birth or in the perinatal period. The most consistent correlation between the two registers appeared to be in the persistence of adverse social factors. By the end of 1968 it had not been possible to carry out a detailed analysis of this impression but it is one of a number of points emerging from this review which require further investigation.

At the end of the year, 1,880 children born between 1964 and 1967 remained on the risk register.

CHILD WELFARE CENTRES

(see also page 22)

| | | | | | | Average No. of children attending per session | Sessions held | |
|--|-----|-----|-----|-----|-----|--|---------------|-------------------|
| | | | | | | | By doctor | By health visitor |
| * Average attendance per village | | | | | | | | |
| † Visits to villages | | | | | | | | |
| Barton Seagrave ... | ... | ... | ... | ... | ... | 42 | 40 | 9 |
| Bozeat ... | ... | ... | ... | ... | ... | 36 | 12 | — |
| Brackley ... | ... | ... | ... | ... | ... | 8 | 12 | — |
| Brigstock ... | ... | ... | ... | ... | ... | 20 | 12 | — |
| Brixworth ... | ... | ... | ... | ... | ... | 22 | 12 | — |
| Broughton ... | ... | ... | ... | ... | ... | 34 | 12 | — |
| Burton Latimer ... | ... | ... | ... | ... | ... | 95 | 24 | — |
| Cogenhoe ... | ... | ... | ... | ... | ... | 40 | 12 | — |
| Cold Ashby and Welford ... | ... | ... | ... | ... | ... | 40 | 12 | — |
| Collyweston ... | ... | ... | ... | ... | ... | 37 | 12 | — |
| Corby (Pen Green Lane) ... | ... | ... | ... | ... | ... | 28 | 49 | 1 |
| Corby (Beanfield) ... | ... | ... | ... | ... | ... | 49 | 83 | 18 |
| Corby (Diagnostic Centre) (closed March) | ... | ... | ... | ... | ... | 26 | 10 | — |
| Corby (Stuart Road) | ... | ... | ... | ... | ... | 28 | 96 | 4 |
| Daventry ... | ... | ... | ... | ... | ... | 46 | 24 | — |
| Deanshanger ... | ... | ... | ... | ... | ... | 66 | 21 | 1 |
| Desborough ... | ... | ... | ... | ... | ... | 65 | 25 | — |
| Doddington, Great ... | ... | ... | ... | ... | ... | 29 | 11 | 1 |
| Earls Barton ... | ... | ... | ... | ... | ... | 35 | 24 | — |
| Finedon ... | ... | ... | ... | ... | ... | 34 | 12 | 12 |
| Geddington ... | ... | ... | ... | ... | ... | 27 | 12 | — |
| Gretton ... | ... | ... | ... | ... | ... | 29 | 12 | — |
| Hackleton ... | ... | ... | ... | ... | ... | 50 | 12 | — |
| Hardingstone ... | ... | ... | ... | ... | ... | 22 | 13 | 11 |
| Harpole ... | ... | ... | ... | ... | ... | 38 | 12 | — |
| Helmdon... .. | ... | ... | ... | ... | ... | 15 | 12 | — |
| Higham Ferrers ... | ... | ... | ... | ... | ... | 18 | 17 | 6 |
| Irchester ... | ... | ... | ... | ... | ... | 57 | 12 | 12 |
| Irthlingborough (St. Peter's Hall) ... | ... | ... | ... | ... | ... | 44 | 35 | 12 |
| Irthlingborough (Community Centre) | ... | ... | ... | ... | ... | 32 | 12 | — |
| Kettering (School Lane) ... | ... | ... | ... | ... | ... | 42 | 121 | 24 |
| Kettering (St. John) ... | ... | ... | ... | ... | ... | 12 | 11 | 13 |
| Kings Cliffe ... | ... | ... | ... | ... | ... | 8 | 12 | — |
| Kings Sutton ... | ... | ... | ... | ... | ... | 25 | 12 | — |
| Kislingbury ... | ... | ... | ... | ... | ... | 38 | 11 | — |
| Long Buckby ... | ... | ... | ... | ... | ... | 24 | 12 | — |
| Middleton Cheney ... | ... | ... | ... | ... | ... | 44 | 12 | — |
| Moulton ... | ... | ... | ... | ... | ... | 25 | 22 | — |
| Old Stratford ... | ... | ... | ... | ... | ... | 42 | 12 | — |
| Oundle ... | ... | ... | ... | ... | ... | 18 | 24 | — |
| Potterspury ... | ... | ... | ... | ... | ... | 40 | 12 | — |
| Raunds ... | ... | ... | ... | ... | ... | 61 | 12 | — |
| Roads ... | ... | ... | ... | ... | ... | 34 | 12 | — |
| Rothwell ... | ... | ... | ... | ... | ... | 35 | 24 | — |
| Rushden ... | ... | ... | ... | ... | ... | 58 | 101 | — |
| Silverstone ... | ... | ... | ... | ... | ... | 45 | 12 | — |
| Spratton ... | ... | ... | ... | ... | ... | 17 | 12 | — |
| Thrapston ... | ... | ... | ... | ... | ... | 22 | 11 | 1 |
| Towcester ... | ... | ... | ... | ... | ... | 25 | 12 | — |
| Weedon ... | ... | ... | ... | ... | ... | 26 | 12 | — |
| Weldon ... | ... | ... | ... | ... | ... | 21 | 12 | — |
| Wellingborough (Oxford Street) | ... | ... | ... | ... | ... | 37 | 87 | 1 |
| Wellingborough (St. Mark's) (closed 31st Dec.) | ... | ... | ... | ... | ... | 77 | 34 | 7 |
| Wellingborough (Queensway Health Centre) (opened Dec.) | ... | ... | ... | ... | ... | 34 | 3 | — |
| Wellingborough (St. Andrew's) | ... | ... | ... | ... | ... | 15 | 13 | 11 |
| Welton (opened March) ... | ... | ... | ... | ... | ... | 22 | 10 | — |
| West Haddon ... | ... | ... | ... | ... | ... | 26 | 12 | — |
| Wollaston ... | ... | ... | ... | ... | ... | 44 | 12 | 12 |
| Woodford (closed September) | ... | ... | ... | ... | ... | 22 | 7 | 1 |
| Woodford Halse ... | ... | ... | ... | ... | ... | 39 | 12 | — |
| Wootton ... | ... | ... | ... | ... | ... | 27 | 12 | — |
| Yardley Gobion (commenced Jan.) | ... | ... | ... | ... | ... | 36 | 12 | — |
| Yardley Hastings ... | ... | ... | ... | ... | ... | 33 | 12 | — |
| Mobile Clinic ... | ... | ... | ... | ... | ... | 9* | 451† | — |
| Totals ... | ... | ... | ... | ... | ... | — | 1,822 | 148 |

MIDWIFERY

(Section 10, Health Services and Public Health Act, 1968)

Report by MISS N. TAYLORSON, Superintendent Nursing Officer

1. Statistics

The following table shows the number of patients delivered by domiciliary midwives in the past ten years.

| Year | <i>Doctor not booked for attendance at delivery</i> | | <i>Doctor booked for attendance at delivery</i> | | Total |
|----------|---|---------------------------|---|---------------------------|-------|
| | <i>Doctor present</i> | <i>Doctor not present</i> | <i>Doctor present</i> | <i>Doctor not present</i> | |
| 1959 ... | 74 | 525 | 326 | 896 | 1,821 |
| 1960 ... | 54 | 528 | 298 | 991 | 1,871 |
| 1961 ... | 51 | 436 | 293 | 950 | 1,730 |
| 1962 ... | 12 | 89 | 348 | 1,088 | 1,537 |
| 1963 ... | 8 | 47 | 338 | 1,130 | 1,523 |
| 1964 ... | 9 | 48 | 318 | 1,174 | 1,549 |
| 1965 ... | 3 | 19 | 318 | 1,019 | 1,359 |
| 1966 ... | 4 | 23 | 261 | 968 | 1,256 |
| 1967 ... | 12 | 25 | 270 | 835 | 1,141 |
| 1968 ... | 6 | 21 | 231 | 721 | 979 |

NOTE : Deliveries in hospital by domiciliary midwives in 1968 : 155.

It will be apparent from the above table that there has been another decrease in domiciliary confinements. Midwives have, however, attended at the confinement in hospital of an increased number of their own patients, and this is often followed by early discharge—the patients in Corby General Practitioner Unit being discharged after 24 hours. Midwives find that patients with reasonable home background are less inclined to remain in hospital after the birth of the baby, providing the necessary help is available.

As can be seen from the following table, early hospital discharges have risen, with the result that more beds are available in hospital for patients.

Early hospital discharges:

| <i>Cases discharged before the tenth day</i> | | | <i>Cases discharged before the tenth day</i> | | |
|--|-----|-------|--|-----|-------|
| Year | ... | ... | Year | ... | ... |
| 1964 | ... | 1,874 | 1967 | ... | 2,860 |
| 1965 | ... | 2,306 | 1968 | ... | 3,519 |
| 1966 | ... | 2,432 | | | |

2. Maternity accommodation

Women who require hospital admission for medical as distinct from social reasons are admitted under arrangements made by the consultant obstetricians. The booking of cases on social grounds is carried out by the County Health Department on behalf of the hospital authorities. All such mothers are carefully assessed in the light of their domestic and other relevant circumstances and the available hospital accommodation is then allotted.

The number of permitted bookings per month, for patients requiring admission on social grounds were:

| | | | | |
|-------------------------------------|-----|-----|-----|----|
| Barratt Maternity Home, Northampton | ... | ... | ... | 40 |
| Corby Maternity Unit | ... | ... | ... | 85 |
| Park Hospital, Wellingborough | ... | ... | ... | 94 |

The use of beds in St. Mary's Hospital, Kettering, for delivery for social reasons was discontinued during the year, due to the strain imposed by the ever-increasing number of admissions for medical reasons. The patients who would have been admitted for social reasons were transferred either to the Corby Maternity Unit or to the Park Hospital, Wellingborough, both of which are general practitioner units.

3. Midwives

The number who notified their intention to practice during the period 1 February 1968 to 31 January 1969 was 112. Of these, 61 were employed by the County Council (6 health visitor/district nurse/midwives, 51 full-time district nurse/midwives and 4 part-time district nurse/midwives) and 46 by Hospital Management Committees. In addition, 5 district nurse/midwives from Leicestershire notified their intention to practise.

4. Training of pupil midwives

Fourteen pupils came from St. Mary's Hospital, Kettering, and 11 from Horton General Hospital, Banbury, for Part II district training during the year.

Lectures on the Social Services were given by Dr. J. Sarginson, Deputy County Medical Officer of Health, and tutorials were given by Miss F. I. Taylor, Assistant Superintendent Nursing Officer.

5. Post-graduate courses

Seventeen members of staff attended statutory refresher courses during the year. Of these, one student attended the second course held at St. Anne's College, Oxford, during which hospital midwives came out to the local authority and domiciliary staff went into hospital for practical work.

This year 12 midwives came to Northamptonshire for two days, some from each sphere of work, to observe how this authority functioned. The experience was rewarding and enjoyable for both visitors and their hosts.

6. Visits of observation

Domiciliary midwives again assisted in taking visitors on their rounds, mainly student nurses from the various hospitals.

HOME NURSING

(Section 25, National Health Service Act, 1946,
and Section 11, Health Services and Public Health Act, 1968)

Report by MISS N. TAYLORSON, Superintendent Nursing Officer

1. Staff

The administrative staff, comprising Superintendent Nursing Officer, Deputy Superintendent Nursing Officer, and two Assistant Superintendent Nursing Officers, remained unchanged during 1968.

Miss N. Taylorson and Mr. S. D. Roberts attended a course in management appreciation at Fairfield House Education Centre, Crawley Hospital, Sussex, organised by the Queen's Institute of District Nursing. All 16 students held administrative posts, with the exception of one member who, although directly employed by a hospital, was superintendent of a domiciliary midwifery service run from a midwifery unit. During the week it was learned, amongst other things, that nurses are not necessarily good managers and that it is not enough to "learn from experience".

The number of staff employed at 31 December was :

| | | | | | |
|--|-----|-----|-----|-----|-----|
| Full-time district nurses | ... | ... | ... | ... | 42 |
| Part-time district nurses | ... | ... | ... | ... | 13 |
| Full-time district nurse/midwife | ... | ... | ... | ... | 51 |
| Part-time district nurse/midwives | ... | ... | ... | ... | 4 |
| Full-time health visitor/district nurse/midwives | ... | ... | ... | ... | 6 |
| TOTAL | | | | | 116 |

2. In-service training

This year two periods of two days were held. In January, the morning subjects were a talk on "Supplementary Pensions and Allowances" by Mr. Burton from the Ministry of Social Security, followed by "Rehabilitation for the Elderly" by Miss Lynch, Chief Physiotherapist, Queen Mary's Hospital, Roehampton. Questions and discussion ended the morning session. During the afternoon session a talk on "The Mentally Handicapped Child and the Parents" was given by Dr. J. de Bastarrechea, Medical Director, Pewsey Hospital, Wiltshire, followed by Dr. R. Wigglesworth, Consultant Paediatrician, Kettering General Hospital, who spoke on "The Physically Handicapped Child". It was a very full programme for the day and staff members found it a very stimulating and interesting one.

In October, "Community Care" was the theme of the day for district nurses. Miss E. M. Bussby and Miss A. Day of the Queen's Institute of District Nursing created an awareness of what is really meant by the term "full community care". The afternoon session, which involved role-playing by the nurses in various nursing situations, was very enjoyable.

Midwives attended the usual statutory refresher courses, relaxation courses arranged by Health Education Section, and also a practical work instructors course, at which four experienced nurses attended from 4 to 8 March.

3. District Training School

Two further courses were held during the year. In the first of these, which was the last course held under the auspices of the Queen's Institute of District Nursing, eight of the nine students were successful. The second course was held under the auspices of the Department of Health and Social Security and included a student from another authority ; all students on this course were successful in passing the examination.

During the period of block training at Kettering General Hospital, the students were invited to an exhibition on drugs which had been arranged for the hospital student nurses by a pharmaceutical firm, and later on they joined their hospital colleagues for a film session on this subject.

4. Cases

The number of patients attended, together with the total number of visits made are shown in the following table ; figures for the previous nine years have been given for comparison purposes.

DISTRICT NURSING STATISTICS 1959-1968

| Year | Patients | | | |
|------|-------------|------------------------|---------|--------------|
| | Total cases | At time of first visit | | Total visits |
| | | Aged 65 or over | Under 5 | |
| 1959 | 9,597 | 3,712 | 659 | 155,206 |
| 1960 | 7,427 | 3,420 | 583 | 138,875 |
| 1961 | 7,537 | 3,452 | 500 | 143,552 |
| 1962 | 7,041 | 3,581 | 384 | 142,750 |
| 1963 | 6,940 | 3,638 | 403 | 139,589 |
| 1964 | 6,547 | 3,168 | 390 | 141,952 |
| 1965 | 6,422 | 3,512 | 330 | 138,748 |
| 1966 | 7,089 | 3,864 | 458 | 143,955 |
| 1967 | 7,580 | 4,171 | 355 | 159,395 |
| 1968 | 8,846 | 5,206 | 494 | 166,798 |

This year an increase has occurred not only in the number of cases nursed but in all visits paid, including the under-5 age group. This is a significant occurrence in the first year of the District Nurse Training School, when emphasis has been placed on " full community care ". General practitioners, who have shown great interest in the training scheme and have in some cases participated by giving lectures to the students, have been of great assistance. In any event, it has been a year of very interesting work.

5. Group attachment

Here again, this is a contributory factor not only to an increase in work generally but to a more interesting aspect of it. In one group practice, nurses now attend case conferences at the local geriatric hospital to hear how their patients are progressing and to learn of differing treatments. This is extremely useful when the patient is discharged from hospital, and it helps to ensure continuity of treatment.

Arrangements were made towards the end of the year for an attachment scheme involving both Leicestershire and Northamptonshire general practitioners in the Market Harborough area, and it will be interesting to see how this scheme, which covers a wide rural area, works out with regard to nursing and midwifery.

6. Day surgery

Towards the end of the year, arrangements were made with Horton General Hospital, Banbury, to receive patients home from hospital after minor surgery. A meeting was held of hospital personnel and domiciliary staff in the area concerned to discuss the project and the type of cases to be nursed. Patients were expected to be discharged after 24 hours, the district nurse visiting the patient after discharge and again to remove sutures on the eighth day. The patient would return to hospital to see the surgeon at two weeks.

7. Pre-packed sterilised surgical dressings

"C.S.S.D." really "got off the ground" this year. Trainees at the Henley Industrial Unit pack the dressings, which are then taken to Kettering General Hospital for autoclaving. Distribution is then made to several key points weekly. Disposable items are used as far as possible; the only ones returnable are unused dressings and trays which will endure more than one autoclaving. A standard pack has been used to commence the scheme, but later it is planned to introduce different packs suitable for specialised dressings. So far it is working well. The saving in nurses' time is very important, and, of course, the knowledge that dressings on the "district" are sterile is a cause for satisfaction.

8. Visitors

Student nurses from Northampton General Hospital came for one-day visits. In addition, nurses from St. Crispin Hospital and pupil nurses taking S.E.N. courses from Park Hospital, Wellingborough, came on visits.

9. Transport

(i) CARS

The number of cars in use at 31st December was:

- (a) provided by the County Council 77
- (b) privately owned 112

(Nursing staff 67, Health visiting staff 45).

The 77 cars provided by the County Council were distributed as follows:

- 53 district nurse/midwives
- 15 health visitors
- 2 assistant home help organisers
- 2 occupational therapists
- 1 speech therapist
- 1 medical officer
- 3 reserve

(ii) FORD TRANSIT VAN

In addition to the cars mentioned above, a Ford Transit van was purchased to replace the 7 cwt van. This is used to transport nursing equipment, furniture and welfare foods and is also used in connection with the Henley Industrial Unit, Kettering.

(iii) TOWING VEHICLES

A small landrover was bought from the Civil Defence Committee in May to tow the mobile clinic when the larger landrover cannot be used and also to help out with the delivery of nursing equipment.

10. Houses

At 31st December, twenty-two houses (one containing five flatlets) and three cottages were owned by the County Council. Eight houses were rented by the County Council from district councils and one house was rented from another source.

HEALTH VISITING

(Section 24—National Health Service Act, 1946
and Section 11, Health Services and Public Health Act, 1968)

Report by MRS. M. M. WALKER, Superintendent Health Visitor

1. Staff

The establishment of health visitors, including the Superintendent and her Assistant, remained at 56, but provision was also made for one clinic nurse. The extra post was filled by two part-time trained nurses, one working in the south and the other in the north of the County, to undertake the hearing assessment of all six year old children and also to assist with vision testing of children in all age groups.

A health visitor was appointed Group Adviser for the Kettering area from August 1st. This appointment relieved the Assistant Superintendent Health Visitor, who had previously been responsible for these duties.

During the course of the year, five health visitors left—three took up other appointments, one retired and one left for domestic reasons; two health visitors were recruited; and five sponsored students obtained their certificates. Thus, including the 6 health visitor/district nurse/midwives, on 31st December there was the equivalent of 55 field staff.

In order to give adequate time to the increasing work with the elderly and families who have emotional problems, it is felt that the establishment should be increased until the ratio of one health visitor to 5,000 population (maximum) is achieved.

| <i>Year ended 31st December</i> | <i>Establishment (excluding the S.H.V. and her Assistant)</i> | <i>Population of County (mid-year estimate)</i> | <i>Ratio of health visitors to population</i> |
|-------------------------------------|---|---|---|
| 1963 | 46 | 305,740 | 1 HV: 6,646 |
| 1964 | 48 | 310,840 | 1 HV: 6,476 |
| 1965 | 51 | 305,360 | 1 HV: 5,987 |
| 1966 | 53 | 306,500 | 1 HV: 5,783 |
| 1967 | 54 | 311,990 | 1 HV: 5,777 |
| 1968 | 55 | 321,120 | 1 HV: 5,839 |

2. Training

Six health visitors attended post-certificate courses arranged by the Health Visitors' Association, three taking the course on "Health visitors working with general practitioners", two taking the course on "Social advice", and one the course on "Teaching methods in health education".

It is becoming increasingly difficult to recruit students for health visitor training. Forty-four applications were received but only four students recruited. A number of applicants were unsuitable for training and several married applicants, although suitable, were unable to live away from home during their training. Until a training school is available locally many of these potential students will be lost. Of the four students recruited, one is a student health visiting officer.

3. Visits

Details of visits:

| | | | | 1968 | 1967 | 1966 |
|---|-------|-----|-----|--------|--------|--------|
| Children born in current year | ... | ... | ... | 33,193 | 36,361 | 37,818 |
| Children born in previous four years | ... | ... | ... | 33,281 | 40,983 | 45,991 |
| Tuberculosis | ... | ... | ... | 175 | 185 | 270 |
| Mentally subnormal | ... | ... | ... | 399 | 237 | 217 |
| Persons aged 65 years and over | ... | ... | ... | 4,341 | 3,656 | 2,311 |
| Persons discharged from general hospitals | ... | ... | ... | 103 | 90 | 136 |
| Other | ... | ... | ... | 12,207 | 11,628 | 12,592 |
| | | | | <hr/> | <hr/> | <hr/> |
| | Total | ... | ... | 83,699 | 93,140 | 99,335 |
| | | | | <hr/> | <hr/> | <hr/> |

Attendances at:

| | | | | 1968 | 1967 | 1966 |
|------------------------------|-------|-----|-----|-------|-------|-------|
| Child welfare centres | ... | ... | ... | 2,258 | 2,127 | 1,982 |
| Mobile welfare clinic | ... | ... | ... | 451 | 433 | 414 |
| Chest clinics | ... | ... | ... | 363 | 388 | 345 |
| Immunisation clinics | ... | ... | ... | 71 | 78 | 60 |
| Vision clinics | ... | ... | ... | 88 | 44 | 21 |
| Family planning clinics | ... | ... | ... | 64 | 41 | 38 |
| Enuresis clinics | ... | ... | ... | 24 | 31 | 32 |
| Venereal disease clinics | ... | ... | ... | 49 | 45 | 55 |
| Diabetic clinics | ... | ... | ... | 50 | 51 | 57 |
| General practitioner clinics | ... | ... | ... | 936 | 682 | 777 |
| Cytology | ... | ... | ... | 23 | — | — |
| Hearing | ... | ... | ... | 75 | — | — |
| | | | | <hr/> | <hr/> | <hr/> |
| | Total | ... | ... | 4,452 | 3,920 | 3,781 |
| | | | | <hr/> | <hr/> | <hr/> |

4. Attachment to general practitioners

Eventually, it is hoped to extend this scheme to the remaining areas of the County. The two main areas remaining are Northampton and Brackley rural district, but at present no way has been found to attach health visitors to general practitioners where several practices are involved, both within and outside the County. Health visitor liaison would appear to be the best solution, and plans are being made between this authority and Oxfordshire for such an arrangement to take place on a reciprocal basis.

5. Changing pattern in the health visitor's work

The pattern of work continues to change because of general practitioner/health visitor attachment and the advent of Health Centres with the family doctor and health visitor working under one roof. Mothers are now encouraged to come to the Health Centre to see the health visitor by appointment, thus reducing the number of home visits and enabling her to use her time more effectively.

6. Phenylketonuria

Arrangements were made at the end of 1968 for the Guthrie test to take place of the Phenistix test. The Guthrie test will be performed by the health visitor when the baby is ten days old.

HEALTH EDUCATION

Report by MISS J. M. WINGFIELD, Assistant Health Education Organiser

1. Introduction

As will be seen from the following report a large and varied amount of health education has been offered to the general public as well as to specific groups. It is however, important to see that persons who could benefit most from teaching on health topics are the ones who actually receive it. It is also important to find out whether the subject matter which is offered is understood so that it promotes thought and discussion which will lead to some action being taken as a result of greater understanding.

Evaluation of action taken is very difficult but it is easier to assess whether the subject matter or the message being conveyed is understood by the audience. With this end in view a pilot study began in November on the understanding of the material portrayed in the County Health Department's display stand in the out-patient waiting area of Kettering General Hospital. The preparation of these displays is time consuming and whilst they provide visible evidence of health education work it is important to know whether the time and money expended are achieving worthwhile results.

2. Staff

Miss J. M. Wingfield, Assistant Health Education Organiser returned to the health education section in July having successfully completed the course leading to the Diploma in Content and Method of Health Education at London University. Miss J. E. Cockings, Health Visitor, who had been working in the health education section on a part-time basis and had provided valuable assistance, returned to full time health visiting.

3. Organisation

One of the main duties of a health education section is to act as a reference centre to which field staff can turn for information and assistance. To this end the section has organised in-service training, staff meetings, the provision of teaching aids, the editing of a health department bulletin and talks to visitors. Details of these, and other duties, are as follows:

IN-SERVICE TRAINING

(a) *Staff Day Courses*

Single day courses were organised for district nurse/midwives, dentists and dental auxiliaries, mental health staff and health visitors, and included the following subjects: social security and rehabilitation; the handicapped child; orthodontics and future trends in dentistry; the social worker and the problem of subnormality; report writing and public speaking.

(b) *The Teaching of Relaxation*

In order to standardise the methods of teaching relaxation and preparation for child-birth throughout the county, two four day courses were held for midwives and health visitors. At one of these the health department staff were joined by midwives from the Barratt Maternity Unit and from Kettering General Hospital. This provided an excellent

opportunity for liaison between district and hospital staff and should help to promote continuity of care of the expectant mother. The tutor at each course was a highly qualified and experienced physiotherapist, who specialises in training local authority staff. It is planned that all midwives and health visitors employed by the county should attend similar courses.

(c) *Training in Projection*

All nursing and health visiting staff teaching in schools, together with the two visual aids assistants, two dental auxiliaries and two mental welfare officers, attended a course in projection conducted by the visual aids officer of the Education Department, assisted by one of the assistant health education organisers.

(d) *First Aid for Teachers*

A report of this can be found in Part II of the Health of Northamptonshire.

(e) *Home Helps*

All home helps in the county were again given the opportunity of attending a half-day course at their nearest health clinic. Programmes included home safety, elementary nursing procedures and first aid, rehabilitation of the elderly, occupational therapy and visits to electricity and gas board demonstration rooms.

4. Staff meetings

The following subjects were discussed at staff meetings which have been held in the University Centre in Northampton and at the health department annexe at 7 Cheyne Walk.

- (a) Immunisation and the computer
- (b) Normal delivery
- (c) Family planning
- (d) The Battered Baby syndrome
- (e) Speech defects
- (f) The development of communication in young children
- (g) Cervical tests for early cancer

5. Teaching aids

In order to economise on distribution and to facilitate ease of access to certain popular visual aids, selected filmstrips and flannelgraphs were decentralised to Corby, Kettering, Wellingborough and Brackley clinics. They are the responsibility of one health visitor at each centre although overall surveillance remains with the health education section.

Visual aids in less common use, together with all cine films and film projectors, are either kept in the health department or hired. Every effort is made to maintain the standard of care of visual aids, which is necessary despite the limited staff available for the purpose.

6. Bulletin

The health department bulletin, printed in the County Council printing department, is produced quarterly and circulated to all members of the health department staff.

7. Visitors

Visitors to the department have included students of nursing, education, dietetics, " post graduate " midwives and general practitioners.

8. Pictorial displays

Standardisation of the display stands in the clinics, and at Kettering and Northampton General Hospitals, has simplified the production and changing of pictorial displays by the visual aids staff. The quality of the work in these displays continues to be of a very high standard. Subjects portrayed were:

- The dangers of smoking
- Good posture
- Dangers of plastic bags
- Storage of gardening chemicals
- Sweets or pills?
- Contamination of foods
- Kill that fly
- Healthy living with your pets
- Cooker safeguards

9. Shows

Exhibits at the annual County Agricultural Show and at British Timken Show were produced jointly by ambulance and health education staff in collaboration with the County Road Safety Officer. The importance of adequate eyesight was emphasised by the testing of vision with the telebinocular vision screener. Portrayal of the ambulance service was enlivened by demonstrations of various resuscitation methods.

10. Schools

A full report on this work will be found in Part II of the Health of Northamptonshire in 1968.

11. Relaxation and Parentcraft Classes

It is thought that expectant mothers are in a most receptive frame of mind for health teaching. Mothers commence the classes arranged throughout the county with enthusiasm, in order to learn how best to prepare for the safe and happy arrival of their babies. It is however, just as important that they are prepared for the care of the baby and his reception into the family circle, following the initial excitement of his birth. Considerable skill is needed on the part of the midwife and health visitor to maintain the interest of the mother in subjects related to the post-natal period.

12. Classes for expectant fathers

A series of classes has been held, on an experimental basis, at Wellingborough, where a male health visiting officer teaches aspects of parenthood to husbands, while their wives are attending ante-natal classes. The following subjects are discussed with the husbands:

1. Development and birth of the baby
Husbands and wives see the film on childbirth together
2. Bathing, dressing and feeding the baby
3. Vaccination, immunisation and Guthrie tests
4. Family planning

13. Mothers' Clubs

In order to disseminate information about club activities a magazine was compiled with contributions from clubs. Interests of club members vary from area to area but on the whole the magazine was well received and may become an annual production. Arranging meetings of club members is a more difficult proposition. However, 150 members from 16 of the clubs attended an evening rally in Northampton in November, when a team of nutritionists from the Gerber Baby Council provided a programme on the dangers of over eating.

14. Other organisations

Voluntary organisations for all age groups have requested talks and films and these have been provided or organised by the health education staff.

PROPHYLAXIS, CARE AND AFTER-CARE

(Section 12—Health Services and Public Health Act, 1968)

1. General

A wide variety of services is supplied under Section 12 of the Act, and most of these are described elsewhere in this report. A brief description will now be given of several which are not covered elsewhere.

2. Provision of nursing equipment

During 1968 the number of items of medical and nursing equipment issued on loan continued to rise, there being 1,466 articles supplied compared with 830 in 1966, and 1,066 in 1967.

Whilst these appliances are intended for short term use only, it is found in many cases the patients concerned, particularly older people who form the majority of the recipients, require the articles until their demise. Consequently, many items are not returned for many months or even years after issue. It is estimated that less than 50 per cent of the issues are returned within six months. Because of the greater demand for equipment and the prolonged use of it in many cases, expenditure on purchase of new supplies continues to grow.

This service appears to be of value to both the nursing staff and the patients themselves, judging by the frequent letters of appreciation received.

Equipment issued during 1968 is listed below, together with figures for 1967 and 1966 for comparison :

| | 1968 | 1967 | 1966 |
|------------------------------|-------|-------|------|
| Walking frames | 392 | 240 | 183 |
| Commodes | 230 | 170 | 164 |
| Wheelchairs | 186 | 120 | 48 |
| Foam rings | 81 | 85 | 118 |
| Bedpans | 66 | 80 | 67 |
| Bed cradles | 78 | 64 | 68 |
| Bed rests | 97 | 58 | 39 |
| Tripods, quadruped aids ... | 56 | 51 | 28 |
| Urinals | 59 | 46 | 41 |
| Lifters | 20 | 23 | 23 |
| Walking sticks, crutches ... | 26 | 21 | — |
| Beds | 25 | 19 | 16 |
| Toilet aids | 34 | 11 | — |
| Hoists | 8 | 10 | 8 |
| Mattresses | 16 | 8 | 27 |
| Miscellaneous items ... | 92 | 60 | — |
| Totals | 1,466 | 1,066 | 830 |

3. Convalescent home treatment

Convalescent treatment is provided for patients who do not require extensive medical or nursing care. Ninety-four adults and fourteen children were sent for treatment at convalescent homes situated on the south and east coasts, compared with eighty-five adults and eight children last year.

The patients were recommended by:

| | | | |
|-------------------------|-----|-----|----|
| General practitioners | ... | ... | 48 |
| Health visitors | ... | ... | 39 |
| Hospital social workers | ... | ... | 8 |
| Mental welfare officers | ... | ... | 5 |
| Child care officers | ... | ... | 2 |
| Occupational therapists | ... | ... | 2 |
| Others | ... | ... | 4 |

Arrangements were made, where need be, for escorts to accompany the patients to and from homes, and this service was provided by the British Red Cross Society.

During the year a review was carried out of the cases for whom the health department provided convalescent treatment over the previous six years. It was found that the numbers had increased progressively and that the majority of cases were suffering from chronic illnesses or the effects of old age. Some had received several periods of convalescence during the six years. Their main need appeared to be for a holiday rather than for a period of recuperation or rehabilitation.

The Joint Sub-Committee of the Health and Welfare Committees recommended that such cases should, in future where applicable, be offered holidays under the Welfare Department's scheme for handicapped persons.

4. Chiropody service

In the ten year plan for the development of the health services published in 1962, it was recommended that a full-time chiropodist should be employed in 1965/66 and that further staff might be required during the period 1967/72. The appointment was delayed until 1966/67. A further revision of the proposals was made in 1967 and in 1968 the appointment was again postponed, due to the national economic situation.

Under the County Council scheme, voluntary organisations can reclaim 80% of their net expenditure based on the Whitley Council scale after the patient's contribution of 2s. 6d. has been deducted.

The following table shows the development of the service since its inception in 1960 :

| <i>Year</i> | <i>Claim forms received</i> | <i>Voluntary Organisations</i> | <i>Treatments given</i> | <i>Annual Cost</i> |
|-------------|-----------------------------|--------------------------------|-------------------------|--------------------|
| 1960-61 | 47 | 24 | 2,055 | £ 855 |
| 1961-62 | 153 | 40 | 8,900 | 1,666 |
| 1962-63 | 208 | 62 | 10,645 | 2,294 |
| 1963-64 | 174 | 64 | 17,500 | 3,266 |
| 1964-65 | 350 | 70 | 21,000 | 5,200 |
| 1965-66 | 365 | 75 | 25,000 | 7,500 |
| 1966-67 | 540 | 82 | 29,000 | 9,900 |
| 1967-68 | 585 | 90 | 35,500 | 12,550 |
| 1968-69 | 629 | 91 | 33,304 | * |

* not yet available

5. Occupational therapy

With the advent of Dr. Williams, Senior Medical Officer for Adult Health, who will provide guidance for the occupational therapists, it is expected that this service will undergo considerable development in the next few years. Meanwhile the report of its activities for 1968 follows on lines similar to that for previous years.

(i) STAFF

Mrs. J. Sharpe, S.R.O.T., joined the staff of the Health Department in January. Miss G. S. Munns, M.A.O.T., S.R.O.T., resigned in April to work with the Central Council for the Disabled on a mobile exhibition of aids.

(ii) AIMS OF TREATMENT

Occupational therapy is aimed at resocialising and rehabilitating all types of disabled persons. In suitable cases, prevocational training is given.

(iii) MENTAL SUBNORMALITY

19 cases of subnormality all over the age of 16 were visited by the occupational therapists.

(iv) MENTAL ILLNESS

33 patients were visited at home or were attending occupational therapy classes.

(v) OTHER PATIENTS

34 patients, not considered permanently or substantially handicapped were treated.

(vi) RED CROSS CLUBS

The St. Giles Club, Kettering and the Red Cross Club, Corby continue to flourish but the occupational therapists do not now attend.

(vii) OCCUPATIONAL THERAPY CLASSES

Thrapston and Desborough occupational therapy classes have expanded. Both had a summer outing and a Christmas party.

(viii) HOLIDAYS FOR THE DISABLED

The Welfare Department arranged a holiday for the disabled at Kessingland, near Lowestoft, and one of the occupational therapists attended as a helper.

6. Cervical cytology

An increasing demand for cervical cytology was evident in the county in 1968. For example, the cytology laboratory in Kettering General Hospital reported that the number of smears examined from all sources had increased from 4,305 in 1967 to 5,485 in 1968. Seven eighths of all the smears originating outside the hospital came from general practitioners and one eighth from local authority clinics. It is evident that the latter provide a supplementary service in this respect to that given by general practitioners.

An investigation into the value of health visitors contacting women most at risk of developing cancer of the cervix in order to persuade them to have a smear taken was commenced and will be described in the next annual report.

Screening was performed at special cytology clinics at Northampton and Wellingborough and was, in addition, carried out on patients attending the family planning clinics at Corby and Kettering.

Statistical details are given in the following table :

| <i>Clinic</i> | <i>No. of sessions</i> | <i>No. of smears taken</i> | <i>Positive results</i> | <i>Referred to General Practitioner for other treatment</i> |
|--|----------------------------|--------------------------------|-----------------------------|---|
| Kettering ... (no special sessions) | 21 | 83 | — | 10 |
| Corby ... | 15 | 36 | — | 1 |
| Northampton | 18 | 219 | — | 39 |
| Wellingborough | 27 | 281 | 1 | 52 |

The one positive case was followed up and the enquiry revealed that the woman concerned had received treatment.

7. Home Dialysis

The following report on home dialysis was requested by the Maternity, Nursing and Care Sub-Committee.

(i) CHOICE OF PATIENTS

Patients chosen for dialysis are those suffering from chronic kidney disease from the age of puberty and under 55 years of age. Patients with additional complaints are not currently being treated.

(ii) TREATMENT PROGRAMME

(a) *In hospital*

Initially patients spend a period of eight to twelve weeks in a specialist Dialysis Unit; during the first two to three weeks an operation to enable the patient's blood to be passed through the kidney machine is carried out and patients are trained to dialyse themselves, and to clean and maintain their own equipment. For the remainder of the time patients are hospital-based for five days of the week, three of which are spent on dialysis; week-ends are spent at home. After eight to twelve weeks they are usually sufficiently well-trained to cope with their own dialysers at home.

(b) *At home*

Patients need 30 hours of dialysis per week, which can be undertaken on three nights each week. In addition to this, it is estimated that the average patient may need to spend approximately 30 days in hospital each year, although it is hoped that those from the Oxford Unit will manage with much less.

(iii) REQUIREMENTS FOR HOME DIALYSIS

Ideally, a spare bedroom (minimum measurements 12ft. x 8ft.) is required, with a water supply, a water softener, an electric 13 amp supply point, a bench with a sink for cleaning the dialysing machine, and drainage for the dialysing fluid. It is essential that each patient has a relative at home who can help with the dialysing process.

Responsibility for providing the essential items is divided between the Regional Hospital Board and the Local Health Authority. The Regional Hospital Board is responsible for providing all the medical equipment, including the dialyser, water softener, and the actual fittings of the machine. The Local Health Authority is responsible for installing the equipment in the premises, and this includes electrical work, plumbing, building alterations including the addition of another bedroom if necessary, drainage, making shelves and cupboards.

(iv) ADVANTAGES OF HOME DIALYSIS

(a) *Reduced risk of infection*

One of the great problems of dialysis in hospital is the possibility of the patient becoming infected and indeed they run a particular risk of incurring infectious hepatitis. It is considered that home dialysis has a great advantage in this respect, as there is far less likelihood of this happening.

(b) *Technical failure*

Technical failure in the machine is likely to cause fewer problems than if the patient were being dialysed in a hospital unit, as there would not be any other patients depending on the machine.

(c) *Social*

Home dialysis allows the patient a greater degree of freedom than dialysis in a hospital unit, and this is psychologically important. As dialysis is only undertaken three nights a week, it means that the patient has four undisturbed nights a week and the opportunity during the day to earn a living. It also means, of course, that there are fewer transport problems.

(d) *Economical*

It costs £2,000 per annum to maintain a patient on hospital dialysis, whereas it is estimated that on home dialysis it would be possible to get this cost down to £1,000 per annum. The average cost of carrying out the necessary adaptations to a patient's home is approximately £250, although the cost of the capital equipment for each patient is £3,000.

(v) COMPLICATIONS OF DIALYSIS

The first problem, which is the one most often discussed, is the problem experienced by the patient, and by the Regional Hospital Board, of delay in having the adaptations to the patient's house carried out, as local authorities vary in the speed with which they organise these adaptations. This delays the discharge of the patient from the hospital unit, and therefore delays the admission of another patient to the hospital to begin his course of treatment.

However, there are other problems, in that there are hidden costs to the patient, caused by the expensive diet which is necessary to compensate for the loss of body substances as a result of dialysis. This necessitates an increased intake of protein and may involve an expenditure of over £4 per week on food. In addition to this, there are the extra laundry costs.

Getting rid of blood contaminated disposable equipment from the patient's home can be a very real problem, but in this County the District Councils have been very co-operative in helping to deal with this problem. There are, in addition, the emotional problems experienced by the relatives and the patient.

A further problem arises because these patients meet in a club at Oxford to discuss their problems, and they obviously compare notes regarding the attitudes towards their problems taken by the different local authorities.

(vi) THE FUTURE

It is thought that kidney transplantation will eventually replace renal dialysis as the method of treating chronic kidney disease, especially as the survival rate of grafts from donors unrelated to the patient is improving. It is estimated that a pool of 50-100 cases is needed for tissue matching with dead unrelated donors, in order to obtain enough suitable kidneys for

transplantation. In the Oxford Regional Hospital Board area, it is estimated that it would be possible to transplant kidneys at the rate of 24-36 per annum, if there were 100 home dialysis units in the Region.

(vii) SITUATION IN OXFORD REGIONAL HOSPITAL BOARD AREA

There are at present five beds in the specialist Unit at the Churchill Hospital, Oxford. It is estimated that using these five beds 24 new patients could be dialysed each year in their own homes, so that ultimately the proposed eight to 10-bedded unit could support 60 new patients on home dialysis per annum. Since the unit was established in 1967, 26 patients have been trained in the unit; 20 are currently maintaining themselves on home dialysis, and four patients are part-way through their training. If the hospital service only had been utilised, it would have been possible to treat only 15 or 16 patients during this time, even if the staff had been available. This does not, of course take into account the delays which would have been caused by infection and breakdown of the equipment.

(viii) SITUATION IN NORTHAMPTONSHIRE

During the year notification was received from the Renal Dialysis unit at Churchill Hospital, Oxford that a further four patients had been accepted for home dialysis and that the necessary alterations to their homes would be required. It is essential that these patients are discharged from hospital as soon as they are trained in the use of the dialysing machine thereby releasing a bed that can be used to train another patient. In view of this, every endeavour is made for the work at the patient's home to be completed as speedily as possible. In order that this may be done the County Architect is asked to obtain estimates for the work and authority is obtained from the Chairman of the Maternity, Nursing and Care sub-Committee to proceed with the adaptations. By doing so the work is completed within three months of the first notification.

Of the four cases notified two were completed before the end of the year, making a total of three cases being maintained on home dialysis units, and in one of these two completed cases the patient moved house before being discharged from hospital and it was therefore necessary to adapt the other house even though work was virtually completed at the first property; the cost for this case was over £500. The cost of adaptations in the second completed case was £178.

Adaptations to properties varies and an average cost would be approximately £250. In this county the costs have been between £170 for a straightforward case to over £850 in one case where it was necessary to build an extra room on the existing property; it is expected that this will be completed early in 1969.

HOME HELP SERVICE

(Section 29—National Health Service Act, 1946)

Report by MISS E. NEWELL, Home Help Organiser

1. General

Section 29, of the National Health Service Act 1946, bestowed upon local authorities "permissive" powers to provide a domestic help service. This act has been superseded by the Health Services and Public Health Act 1968 Section 13 of which imposes on local authorities a duty to provide a home help service adequate to meet the needs of their area. Under the new act persons handicapped by past injury or congenital deformity are now included in the categories who may qualify for assistance. In addition local authorities are empowered to arrange for laundry facilities in households where home help is being provided. The actual date of implementation of Section 13 is deferred for the time being in view of the present economic situation.

A home help service for those in need by reason of confinement, illness or incapacity has been in operation in Northamptonshire since 1927. Very little use was made of the arrangements until the advent of the National Health Service act of 1946, which led to its effective utilisation. Since 1948 the service has steadily expanded, and the annual number of cases receiving help has increased from 33 in 1948 to 1,778 in 1968.

2. Field work

During the year the administrative structure of the service remained unchanged. Area Offices at Corby, Kettering, Wellingborough and in Northampton at County Hall, continued to function smoothly, but with emphasis on an increasing demand, especially in the care of the elderly. It is inevitable that the present case load of 300 patients at present being supervised by each assistant home help organiser will continue to increase as the service expands. This is due to the numbers of cases of aged persons needing home help which are being carried forward from year to year. In 1968 80% of the persons provided with home help for the first time ever were over 65 years of age; many of these cases may be regarded as needing assistance on a long term or permanent basis. Unfortunately as the number of cases increases contact with both the patient and the home help diminishes due to the volume of work which only permits organisers to undertake routine supervisory visits at six monthly intervals, unless there is occasion to visit for an emergency reassessment of the number of hours authorised.

3. Statistics

The number of visits made during 1968 was 7,618 which was an increase of 987 over the previous year. New cases totalled 539, and the number of patients receiving help at the end of the year was 1,256. The allocation of hours help given at 31st December were as follows:

| | <i>Hours authorised per week</i> | | | | | <i>Total</i> |
|---------------------|----------------------------------|------------|-------------|--------------|----------------|--------------|
| | <i>Up to 4</i> | <i>5-7</i> | <i>8-10</i> | <i>11-14</i> | <i>over 14</i> | |
| <i>Patients ...</i> | 696 | 384 | 134 | 31 | 11 | 1,256 |

The number of home helps engaged fluctuates slightly from time to time. At the 31st December, 758 women were employed on a casual working basis, each giving a varying number of hours service per week.

The following table shows the different categories of patients and the increase in cases over the past six years.

| | <i>Elderly aged 65 and over</i> | <i>Under 65 years</i> | | | | <i>Total</i> |
|------|-------------------------------------|-------------------------|------------------|----------------------------|---------------|--------------|
| | | <i>Chronic sick</i> | <i>Maternity</i> | <i>Mental disorder</i> | <i>Others</i> | |
| 1963 | 1,227 (84.7%) | 118 | 38 | 3 | 64 | 1,450 |
| 1964 | 1,297 (85.9%) | 56 | 56 | 7 | 93 | 1,509 |
| 1965 | 1,361 (86.2%) | 132 | 32 | 7 | 47 | 1,579 |
| 1966 | 1,475 (88.3%) | 123 | 18 | 6 | 48 | 1,670 |
| 1967 | 1,524 (88.1%) | 126 | 20 | 6 | 53 | 1,729 |
| 1968 | 1,580 (88.9%) | 120 | 22 | 9 | 47 | 1,778 |

During the financial year ended 31st March, 1968 the cost of the service per 1,000 population was £239 and the cost per case was £50. These figures compare with national average figures of £343 and £48 respectively.

4. Patients

Home help organisers are aware of a constantly changing pattern of need in the care of the elderly recipient. To enable patients to be speedily and effectively helped at times of sudden illness or in exceptional stress periods it is very important that the organiser should at all times maintain a close working liaison with both the statutory and voluntary services.

Co-operation with other services is mostly by a personal approach, via the telephone. At times when patients, particularly those who live alone or with other ageing relatives, are confined to bed under medical care at home, in general practices where health visitors/district nurse attachment is not in operation it is often the family doctor who telephones the organiser explaining the circumstances and requesting extra home help attendance. The organiser can then arrange, in consultation with the home help, how extra care can best be given during the emergency period.

The attachment of health visitors and district nurses to general practitioners is proving to be of two way benefit and cases requiring assistance are usually referred to the home help organiser via the health visitor or district nurse. When consultation regarding a particular case is necessary it is referred back to the doctor via the health visitor or district nurse. Patients who might otherwise have "fallen through the net" until a crisis arose, are now being referred more frequently for home help service in the early stages of need before a crisis occurs.

The medical social workers and the home help organiser work closely together when elderly patients are being discharged from hospital. In some instances the organiser visits patients in hospital prior to their discharge home. In other cases the medical social worker discusses with the organiser details concerning the patient, such as whether they can manage to wash and dress without help and are able to do a little cooking. This information is particularly necessary where patients live alone and there is no other guaranteed source of assistance. It is vital that patients should return from hospital care to a home that is prepared, with a home help available to give support according to the need.

5. Home helps

Home helps are employed on a casual working basis and payment is made at the rate of 5/2 per hour. Some are employed to assist one patient only while others help two or even three households in a day. The service does not cover only general cleaning needs as home helps undertake a wide variety of essential jobs in the service they provide. These include lighting

fires, preparing or cooking breakfast and other meals, shopping, collecting the old age pension, paying bills and very often coping with the laundry. Where necessary home helps also give a more personal daily service in helping to wash and dress patients who by reason of some physical handicap are dependent on others for support.

The recruitment of home helps in the more populated areas remained reasonably good throughout the year, and in the majority of cases organisers were able to meet demands with little, if any delay. As in the past there was difficulty at times in finding home helps to attend patients living in the smaller urban districts or on the outskirts of urban areas.

As the demand for home help service increases recruitment of home helps may well become more difficult. If this situation arises consideration may be given to the employment of "male home helps" to assist elderly and infirm male patients. Suitable male members of the community could well give a good service in their early retirement.

Home helps are known to alleviate the loneliness of those they visit and are often treated as friends by their patients. The following tribute to a home help was made by the relatives of a former patient when writing to express appreciation for the service that had been provided "May I also pay tribute to Mrs. 'X', her home help almost continuously over fourteen years. She became a wonderful friend and carried out duties far in excess of what could be expected."

6. Training

The annual "in-service" training for home helps which was first introduced in 1960 is proving increasingly popular and worthwhile and 1968 was no exception. In arranging study programmes the emphasis for instruction, help and guidance is placed on the care and welfare of the patient rather than on the general domestic work in the home.

The main course took place in March and consisted of two afternoon sessions of tuition. Classes were held at Northampton for the benefit of home helps working in Daventry, Towcester and fringe areas of the County boundary, who had not had an opportunity of attending any classes for three years.

The syllabus included the following subjects:

- | | |
|---|--|
| The economic use of gas in cooking (including safety and service hints) | by Home Service Demonstrator, East Midlands Gas Board |
| The economic use of electricity in cooking (including safe use of electricity) | by Home Service Demonstrator, East Midlands Electricity Board |
| Talks included | 1. Early recognition and prevention of illness, by member of the Health Department Nursing Staff. |
| | 2. Home and hospital—how they work together, by Mrs. B. Claridge, Medical Social Worker, Northampton General Hospital. |

Discussion groups were also held in March for a selected number of home helps employed in the Corby, Kettering and Wellingborough areas. As a prelude to general discussion a film "Home is a Dangerous Place" was shown, which provided everyone with much food for thought. In the discussion period problems of the home helps were dealt with at some length.

Home helps benefit from the opportunity of being able to exchange problems and ideas with each other and members of the health team. Training courses help promote a better understanding of the service as a whole and its value to the community.

In all 100 home helps attended "in service" training sessions.

MENTAL HEALTH

Services for the mentally ill

Report by J. A. INGRAM, Senior Mental Health Social Worker

1. Introduction

Mental health personnel constantly aim to promote and maintain a high level of mental health in the community largely by implementing various preventive measures. At present there is insufficient knowledge of the causation of mental illness to undertake an extensive programme of primary prevention, and consequently the mental health service is orientated towards secondary and tertiary preventive measures. This calls for close co-ordination and co-operation with the other services of the health department, family doctors, hospital services, other social workers and voluntary welfare organisations.

2. Moray Lodge

This hostel for elderly mentally infirm women was opened by Mrs. D. M. Raynsford, O.B.E. on 1st October 1968. In her speech she emphasised the need for the hostel to be as homelike as possible and for close ties to be established with the local community. The latter suggestion has been quickly implemented. An offer of help from the women's section of the local British Legion was accepted and they have agreed to provide additional comforts for residents by supplying flowers and house plants each month. Residents have been entertained by local school children with carols at Christmas and invited to a party and a coach outing by the local Old People's Association.

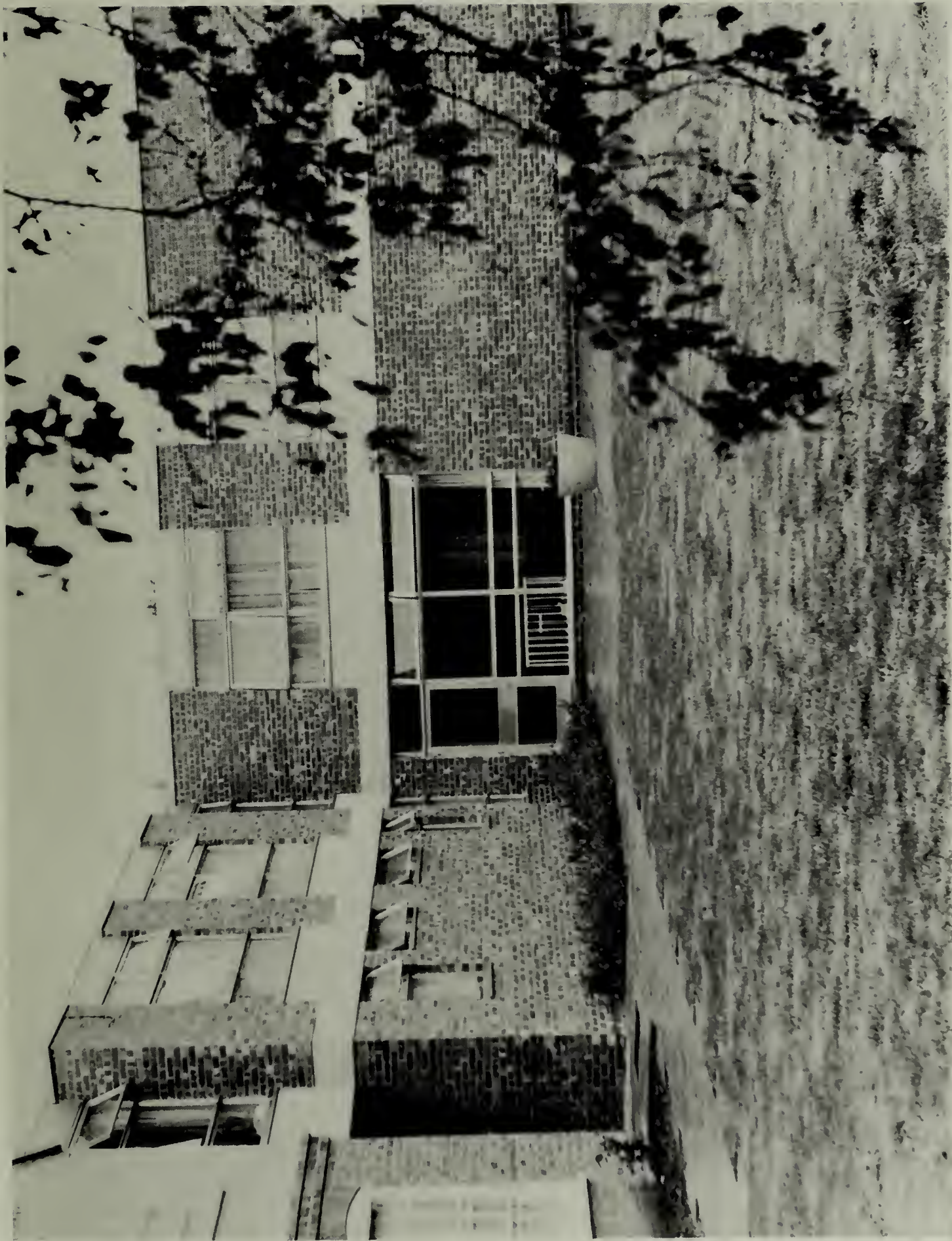
For the first few months the hostel has had no more than 15 residents at any one time. This was planned so that experience could be gained in the running of such a unit before a full complement of residents was accepted. As there is no other hostel provision for the mentally ill, three younger women, recently discharged from psychiatric hospitals, all of whom are in full-time employment, are being accommodated temporarily whilst they look for permanent lodgings.

3. Staff

The effectiveness of the service depends upon the provision of sufficient staff and also on the provision of the necessary training for the staff. Due to financial restrictions the proposed increase in the establishment in April was not possible, but Mr. K. Greenwood was seconded for psychiatric social work training and he returned in September having successfully completed the course. During the year, Mr. C. Gibson resigned and was replaced by Mrs. N. J. Wilson who had recently obtained the Certificate in Social Work at Lanchester College, Coventry, and who is a welcome addition to the staff. Miss E. M. Bliss retired on the 31st December, after eight years of service and she will be greatly missed.

4. Joint Social Work Scheme

This scheme has now been in operation for five years. Taking the reasons for setting up this scheme as described in the Annual Report for 1963, it is now possible to make some evaluation of the service. Whereas in 1963 there were seven mental welfare officers employed by the



MORAY LODGE

(see page 54)

County Council and no social workers in post at St. Crispin Hospital, there are now fifteen mental health social workers covering the community and hospital needs. In 1963 there were only two officers who had a university training in social studies in contrast to the present position where the staff have the following qualifications:

| | | |
|--|-----|---|
| Declaration of Recognition of Experience | ... | 3 |
| Diploma in Social Studies | ... | 3 |
| Certificate in Social Work | ... | 3 |
| Certificate in Psychiatric Social Work | ... | 2 |

Three members of staff without social work training are welfare assistants. During this period five members of staff have been seconded for full-time training and all have been successful in their courses.

The development of the scheme has created a very close working relationship between the clinical teams at St. Crispin Hospital and the associated teams of mental health social workers. Each social work team is headed by an area mental health social worker. The map on page 56 shows how the county is divided into three areas which are the catchment areas for each clinical team. There is no longer any division between community and hospital social work; social workers are accepted as members of the County Health Department and the Hospital. Thus in the five year period under review it can be said that the scheme has achieved its objectives. The scheme has aroused considerable interest nationally and papers have been read at conferences. The interest shown at these conferences made it seem worthwhile to attempt to evaluate the scheme further by requesting comments from those engaged in it. Replies are still being collated.

The work of a mental health social worker in such a scheme is very varied. Besides visiting patients and their families at home, social workers attend out-patient clinics with psychiatrists and are involved in organising five clubs for patients and their families. A significant development has occurred at Rushden, where the W.R.V.S. members who have been running this club for three years in conjunction with a mental health social worker have now taken over the full responsibility for the club, whilst the mental health social worker is available for weekly consultation to deal with problems that arise.

A considerable proportion of the work involves assessing whether a patient's problems can be helped by admission to hospital. Careful assessment and preparation of the patient and family for an admission minimise the need for any order under the Mental Health Act, and it is pleasing to note from the figures supplied by St. Crispin Hospital that the total number of persons admitted from the county area under an order has decreased during 1968.

The pressure on all types of accommodation for elderly people is reflected by the waiting lists and the urgency to admit elderly people to a psychiatric hospital. One way of alleviating this problem is to arrange for the elderly patient to be admitted for one month then to be returned home for a further month before a further admission and in this way one hospital bed can provide support for two elderly people and their relatives.

East team which is responsible for the Wellingborough area have developed this considerably and Miss J. Elliott, the social worker responsible for organising this service, has supplied the following figures:

"On two wards, in a two-year period up to December 1968, there have been 56 admissions—of these, 16 were admitted for a limited period and then discharged; there were 10 deaths; 4 were returned to welfare accommodation from where they had been admitted; 6 of the sharing arrangements broke down; 4 patients were transferred to other wards; and at present there are 16 sharers."



The social worker has to be in close contact with the relatives or persons looking after the elderly person. Initially, they need a lot of help in understanding what service is being offered, and then, when the arrangement has been made, need periodic supportive visits to answer queries and to suggest facilities that might be helpful when the old person is living in the community.

For patients needing employment on leaving hospital, a resettlement clinic is organised with the nursing officer in charge of the industrial rehabilitation unit and the disablement resettlement officer from the local department of Employment and Productivity. The following is a summary of the number of patients seen and placed in employment.

| <i>Number of patients interviewed</i> | | <i>Men</i> | <i>Women</i> | <i>Total</i> |
|---------------------------------------|-----|------------|--------------|--------------|
| In-patients | ... | 75 | 19 | 94 |
| Day patients | ... | 3 | 1 | 4 |
| Number placed | ... | 21 | 9 | 30 |

In the annual report for 1967, the inauguration of two services was mentioned—firstly, the appointment of an experienced social worker at Upton Lawn Day Hospital, and secondly the start of the pilot boarding out scheme. The following is an extract from the report received from Mrs. F. Kellam, social worker at Upton Lawn.

“ Starting at Upton Lawn in September 1967 now means that I can look back on one year’s work:

| | | <i>County</i> | <i>Borough</i> | <i>Total</i> |
|--------------------|--------------------------|---------------|----------------|--------------|
| In 1967 (4 months) | 30 clients were referred | 17 | 13 | 30 |
| In 1968 | 44 clients were referred | 22 | 22 | 44 |
| As at 31/12/68 | Caseload | | | 65 |

By now I feel part of the social work scheme in the broadest sense because I have established good working relationships with the various departments and agencies both statutory and voluntary.

The referral of cases in the day hospital has in all instances resulted in the use of one or several of these departments and agencies, and in most instances has brought in the client’s family. The social worker’s special position of being able to co-ordinate the efforts of the hospital, client and family and the various outside bodies towards the goal of the re-establishment of the client in society emphasises the need for knowledge of, and co-operation with all outside sources of help. This co-operation can only be established after working together over a considerable period, during which time mutual confidence is built up. From this comes a knowledge of each other’s way of working and results in a much freer and usually quicker flow of help to the client.

Once the client was referred to me a lot of time was spent in casework and working with the family in order to build up a good relationship because the next step in helping the client back into society is greatly dependent upon such a relationship being established. They are not all established readily and one has to be prepared to spend much time and patience, and accept rebuffs and suspicion in some cases before confidence of the patient or family, or both, is obtained.

Some of the clients referred to me for help with, amongst others, an employment problem have not been the type of client one could refer to the Department of Employment and Productivity for help—as they are clients with high I.Q., who perhaps are well enough to do a little part-time work, and still allow them to attend the day hospital on a number of days each week. Quite often voluntary work is the most desirable—but not always easy to find.

I have been very agreeably surprised on approaching an employer with a problem such as

this (and each has to be approached on a very individual basis) by the real desire of the listener to help."

The following is an extract from the report received from Mr. J. L. Edwards, who is responsible for the boarding out scheme.

"A pilot boarding out scheme was inaugurated in November 1967 to establish what demand existed for assistance to patients in finding accommodation upon discharge from hospital and to recruit landladies willing to accommodate discharged patients.

The pilot scheme was connected mainly with the north clinical team although referrals from other teams were accepted. This meant in fact that the social worker responsible for the pilot scheme was active himself in initiating referrals from the north clinical team and took part in group discussions with patients on one non-admission ward as part of a programme of preparation for discharge.

Analysis of the referrals received reveals that most had been in hospital at least five months but none more than two years, although many had previous periods in hospital. Average age was much lower than expected—half being under 40 years of age and only two over 60 years of age. A total of 32 referrals were received and of these 20 were placed; five were considered to be unsuitable, three withdrew and four found accommodation themselves. More referrals were received from the admission wards than other wards and generally the attitude of those patients to rehabilitation and discharge was more favourable than the patients from other wards who resisted any change in their situation.

Accommodation was obtained by advertising by press or answering advertisements. Both 'private' landladies and landladies of boarding houses responded but the latter proved to be less concerned about 'the type of person'. Thirteen 'private' landladies responded but six withdrew before suitable patients could be selected.

Where 'private' landladies were used, particular attention and skill was necessary in matching patient and landlady, thus ensuring that the minimum of friction occurred. Landladies' motivation was an important factor and finance was not always dominant. The intense emotional demands arising from living in a family meant that both patient and landlady required much support in these situations.

Patients accommodated in boarding houses presented different problems and some required intensive support from the social worker. The less friendly atmosphere of the boarding house can lead to social isolation and loneliness if support from outside is not available.

The service for subnormal patients is not so well covered as the hospital services are at such a distance from our area and contact with the appropriate consultants is difficult. When the new consultant takes up his appointment at the Princess Marina Hospital in 1969, there will be an opportunity to develop a similar close liaison with him as already exists with the other consultants at St. Crispin Hospital. To aid this work, an increase in the establishment has been agreed by the Hospital Management Committee and the County Council which will take effect from December 1969. Since the mental health social workers took over the regular visiting of the families of subnormals over the age of five years from health visitors it has proved impossible to fulfil this duty. It is also becoming clear that some families do not require regular visits. A random sample of the subnormality register is being studied to ascertain the nature of the social problems of the mentally handicapped and their families in order to determine where social workers can best focus their time and skills."

Services for the mentally subnormal

Report by E. TOWNING, Senior Mental Health Social Worker

1. Junior training centre schools

This is the twentieth year of the development of junior training centre schools for the mentally handicapped in the county. The first school was opened in church premises at Kettering on the 1st March 1949, and by the end of that year twelve children and five adults were in attendance. Public transport was used, and either school bus tickets were issued or the fares were reimbursed to the parents. The children were met at the central bus stop by the staff. Fig. 1 shows the growth over the twenty years, and all children are now conveyed by private transport.

The growth in the numbers of children catered for has necessitated four schools being established at Corby, Kettering, Wellingborough and Northampton, and although in each case they were started in temporary accommodation, they are all now housed in purpose built training centre schools. The introduction of private transport has enabled every child in the county who is capable of benefiting by attending a training centre school to do so. For those few who live on the fringe of another county, suitable arrangements have been made with that county.

The 1968 figure of 233 children attending training centre schools is equivalent to a rate of approximately 4.62 per 1,000 school population or 0.74 per 1,000 total population for 1967, compared to the national mean of 0.38 per 1,000 (Ministry of Health 1967).

The greatest change that has taken place over the twenty years is probably in the techniques used in the schools to educate these children. The emphasis has changed from ordinary day caring or minding to social training and educational techniques have been adopted somewhat similar to those used in nursery schools, and the mentally handicapped are now fully trained within their limitations. In fact, it is recognised that special needs require special training, where the emphasis is on free activity under controlled guidance in a stimulating environment. With the present standard of schools and staff in this county, it is true to say that almost any mentally handicapped child, no matter how severe the handicap, can profit by attendance at a junior training centre school.

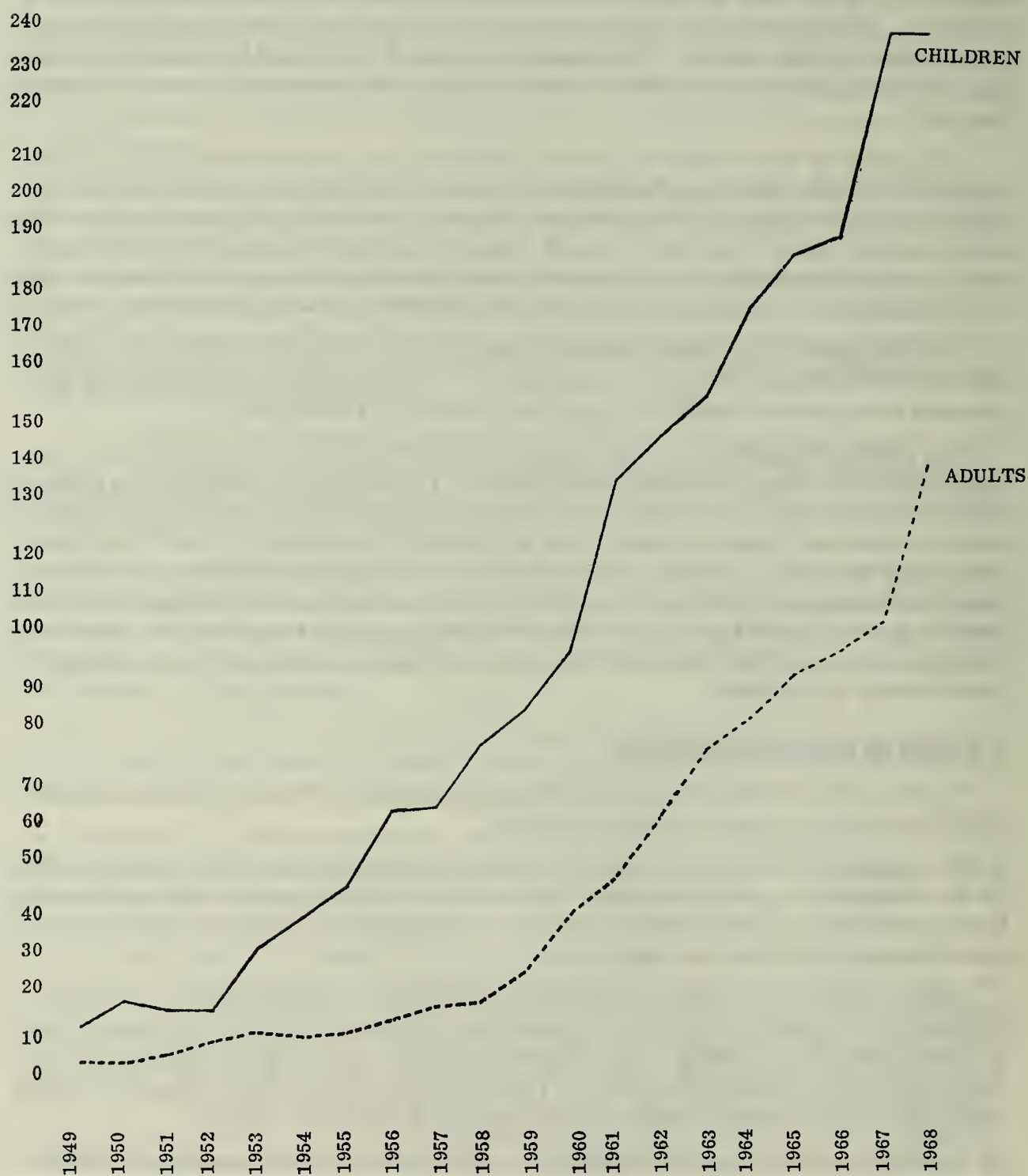
2. Services for the mentally subnormal

It is the duty of the local health authority to provide services for the mentally subnormal, with the exception of hospital treatment and care.

(i) Social support for patient and family: for children up to the age of five years, this is provided by the health visitors, with the help of two consultant psychiatrists and the senior mental health social worker. Four outpatient clinics a month are held by the consultants, so that counselling is available from the very outset.

Children over five years of age and adults are supervised by the mental health social workers; because of the demands on their time it appears that a somewhat limited service has been given to the subnormals very recently. This discovery was rather disturbing and considerable attention is being given to the causative factors. The outcome of a study into the pattern of providing social work for the families of subnormals will be given in subsequent reports.

(ii) Provision of training centre schools for the education of mentally handicapped children: this is adequately provided for by the four schools. Children under five years are admitted initially on a part-time basis and usually on the recommendation of the consultant paediatrician.

FIGURE 1NUMBER OF SUBNORMALS ATTENDING
TRAINING CENTRES

As Section 57 of the Education Act, 1944, has not been used in this County for three years, all admissions are on an informal basis, and so far it has not been necessary to use the powers conferred under Sections 12 and 13 of the Mental Health Act, 1959.

(iii) Adult training centres and workshops: a purpose built adult training centre and workshop is situated in the centre of the industrial population at Kettering, which caters for 73 trainees (41 males and 32 females). During the year, a second adult training centre was opened in rented church premises in Corby; these buildings are new and they provide accommodation for 26 trainees (9 males and 17 females). There is also a satisfactory arrangement with Oxfordshire, where 10 trainees (9 males and 1 female) from the fringe area are being accommodated at Banbury. One trainee attends the centre at Rugby. The County Borough of Northampton provided 17 places for adults during the year. One trainee from Bedfordshire is accommodated in the Henley Industrial Unit.

(iv) Residential accommodation: children under 16 years of age who need accommodation live in Fairlawn Hostel attached to the school in Wellingborough. During the year, admission periods ranged from one week to three months. This has provided an excellent service in giving relief to parents during illness or holidays, and also from the daily routine of caring for their handicapped children, especially when the strain is having an adverse effect on the family group.

Adult residential accommodation is provided for males in a 15-place hostel which is situated in the grounds of the Henley Centre in Kettering. This provides accommodation for the subnormals and/or severely subnormals who either need further training and stimulation which they would not get in their own homes; for those with whom the parents cannot get on; and for those who have found themselves in some minor difficulties.

If the pattern of increasing numbers in the adult workshops is an indication of an increase in the numbers remaining in the community, the provision of accommodation for the aging mentally subnormal person will become increasingly necessary and will need to be seriously considered in future planning.

(v) *Hospital care and co-operation with consultants*

In August, the Oxford Regional Hospital Board, through the Kettering and District Hospital Management Committee, opened the Colton Ward at Rushden Hospital to provide 20 beds for severely subnormal children. These are under the medical direction of Dr. J. de Bastarrechea, the Medical Director and Consultant Psychiatrist of the Wyvern Group of Hospitals, who, with his colleague, Dr. D. N. Balsekar, has been very helpful in providing medical services at the outpatient clinics arranged in the county.

Dr. R. Wigglesworth and Dr. J. Harper, the Consultant Paediatricians, have given every co-operation in advising on the development and social training required of the children who attend their clinics and the training centre schools.

During the year, 60 vacancies have been given for short term care in hospitals. The system of programming, by using beds for a period of one month at a time for many children, rather than allocating the beds to a smaller number permanently, still seems to work satisfactorily and at the end of the year there was no waiting list for urgent cases.

3. Staff

During the year, three trained staff resigned, two going to senior positions with other local authorities, and one leaving for family reasons.

Mrs. K. Carr of Forest Gate School and Mrs. R. C. McKay of the Henley Industrial Unit completed their courses and obtained the Diploma for Teachers of the Mentally Handicapped.

Mrs. J. Patrick of Forest Gate School and Miss H. Hutchinson of Dallington Park School started their training courses for the Diploma for Teachers of the Mentally Handicapped in the autumn.

Numbers attending schools (at 31-12-68)

| | | <i>Under 16</i> | <i>Over 16</i> | <i>Total</i> |
|--|---------|-----------------|----------------|--------------|
| Dallington Park School, Northampton | Males | 25 | 2 | 27 |
| | Females | 14 | 3 | 17 |
| | | 39 | 5 | 44 |
| Fairlawn School, Wellingborough | Males | 43 | 1 | 44 |
| | Females | 27 | — | 27 |
| | | 70 | 1 | 71 |
| Forest Gate School, Corby | Males | 38 | 1 | 39 |
| | Females | 21 | — | 21 |
| | | 59 | 1 | 60 |
| Henley School, Kettering | Males | 36 | 3 | 39 |
| | Females | 26 | 1 | 27 |
| | | 62 | 4 | 66 |
| Henley Industrial Unit, Kettering | Males | — | 41 | 41 |
| | Females | — | 32 | 32 |
| | | — | 73 | 73 |
| Corby Adult Training Centre | Males | — | 9 | 9 |
| | Females | — | 17 | 17 |
| | | — | 26 | 26 |
| Cliftonville Training Centre | Males | — | 6 | 6 |
| | Females | — | 11 | 11 |
| | | — | 17 | 17 |
| Banbury Training Centre | Males | 1 | 9 | 10 |
| | Females | 2 | 1 | 3 |
| | | 3 | 10 | 13 |
| Rugby Training Centre | | — | 1 | 1 |
| | Females | — | 1 | 1 |
| | | — | 1 | 1 |
| Total under training | | 233 | 138 | 371 |

Dallington Park School, Northampton

Mrs. M. B. Redley, the head teacher, reports that 1968 has been an experimental year for them, following the adoption of the family grouping system of training. This divides the classes into groups with a wider age range, but with a more equal range of ability within each group, and so far they have been encouraged by the results of the change. They continue to cover all aspects of training centre school work, including the practical side of cookery, elementary woodwork, washing and gardening. The staff arranged various outings for the children—the summer outing to Hunstanton, the inter-school sports day at Kettering, visit to see the pantomime “Cinderella” at Coventry, and visits to local places of interest. The school’s highlight of the year was in having nine pieces of work accepted for the Northampton Schools Art Exhibition in April.

The parent/teacher association continues to play a very active part and gives the staff every support in functions arranged for the benefit of the children.

Forest Gate School, Corby

Mrs. E. E. Cocker, the head teacher, states that during the year the school had to settle down to a new way of life, for with the opening of the new classroom it allowed the practical room to be used for its specific purpose and it is now used on a rota basis by the children from the two senior classes. This was then followed by the transfer of the over 16’s with the opening of an adult training centre in Corby.

The parents and teachers had an opportunity to meet on numerous occasions at the school. The open day for the public on 13th June was followed by an open evening for the parents, when the local branch of the National Society for Mentally Handicapped Children presented the school with a washing machine.

The annual outing to the zoo was enjoyed by all and was used as a basis for many things taking place in school work subsequently. As well as the inter-school sports, in which the school competed, the parents and children enjoyed their own sports day at which Dr. R. Wigglesworth, the Consultant Paediatrician, who had cared for so many of the children through their early phase of life, presented the winners with ribbons. A great deal of good work has been done by the weekly visits of a group of four or five boys from a Corby Secondary School who help with the children in a form of contact by play, simple modelling and gardening, through which they have established a very good relationship.

During Corby Arts Festival Week, a party from Corby’s twin town, Velbert, in Germany, paid a visit to the school, and once again paintings and models were submitted to the Children’s Art Exhibition which was held in conjunction with this event.

Henley School, Kettering

Miss H. E. Griffin, the head teacher, states that with the addition of the new classroom, it was possible to reduce the numbers in each class, and this was of great advantage to both children and staff. The keynote in teaching is social training, project work, expression groups and free activity methods, with simple cooking and woodwork holding great interest for both sexes. The main feature with regard to interest in the school is the amount of time put in by voluntary workers. Four girls on rota from the senior class of a local Secondary School attend every Wednesday afternoon and give practical assistance in the school, especially with those children who benefit from individual attention in a particular activity. There are also four adults who give four half days regularly each week. Good contact is kept with parents by

holding the parent/teacher meetings at the school and they give the utmost support to every function arranged for the children; the highlight of these being a visit to the secondary school for a concert followed by a tea prepared and given by the pupils. They are much indebted to Canon Roberts and his colleagues for the regular visits and support given.

Fairlawn School, Wellingborough

Miss B. V. Miller, the head teacher, in her report comments that the first part of the year was still a settling-in period for the new school, for with the opening of the attached hostel on 1st January, the number of children in the school was increased. Many of these were difficult cases, being physically and mentally handicapped, but they were successfully integrated with the regular school children, although the increased number in each class gave cause for concern at times. Thirty-eight children from the hostel were admitted to the school for periods varying from two weeks to two months. One child was also admitted on a part-time basis from the Colton Ward of Rushden Hospital. Once again, the great occasion for the school was in winning the inter-school sports for the fourth year in succession. During its first year, the school has been well supported by visitors and parents, finishing with a very successful Christmas Fayre.

Henley Industrial Unit, Kettering

Miss F. L. Caswell and Mr. D. A. Beale, the section supervisor, of this adult unit, report that work for socialisation and training from outside employment has continued throughout the year. As much time and encouragement as possible has been given to the trainees in their socialisation as well as in their industrial work; the visits to the various local offices, factories and shops all helping to give them a wider experience and knowledge of every day happening and the ability to mix more easily with the general public. This policy has shown its advantages, for of the 73 attending the unit, only eight needed special transport, the others travelled on public transport. It is interesting to note that the small shop run by the trainees in the unit is one of the most popular projects.

Weather permitting, cricket and football are keenly attended, although the alternatives of dancing and indoor games were more in demand by the girls.

The main occupation of the unit is the outwork secured from local industries, and a regular supply has been available throughout the year, varying from fibre boards to die cast washers of various sizes and gasket thickness ascertainment for the motor industry; stripping and assembling of various plastic articles; jig-saw trimming and packing ready for despatch; mica sorting; simple woodwork; printing and cardboard container assembly. The assembling of nursery packs before sterilisation for the district nursing service has provided a steady supply of work since October. Five trainees went into full-time employment during the year; one failed to retain her job after four months. From donations received during the year, the unit was fitted with a tape recorder and radio tuner which relayed to speakers in various parts of the building.

Corby Adult Training Centre

Mr. R. G. Hicks, the supervisor, reports that the newly opened centre got off to a smooth start on 4th September 1968 in the Hall of the Church of Epiphany by taking 13 Corby trainees who had previously attended the Henley Industrial Unit and 11 from the Forest Gate School. As far as possible, a balanced programme of social and industrial training is arrived at. Education in a social sphere is geared towards making the trainees acceptable to the general public, and manual skill is a graduated training to teach continued application and concentration on any job they have to do. This has been achieved by the outwork that has been carried out by

counting and bundling gaskets; capping and crating plastic milk bottles; tying silk bows for lingerie. The trainees have responded well to these techniques.

This centre receives trainees from a 12-mile radius, and other than Corby is a very rural area. Nevertheless, of the 26 trainees attending in December 1968, 17 travel on public transport, the other nine sharing the transport provided for the children at Forest Gate School.

Fairlawn Hostel, Wellingborough

Miss B. Upton, the matron, reports that the hostel has well proved its need in the first year of working, with 181 admissions for short term care—these being children between the ages of 2 and 16 years. Whether the child is retained in the hostel from Monday to Friday or full-time, depends in each case upon what the need was for admission. The children are received from the whole of the county, the parents being responsible for the transport to and from the hostel, apart from exceptional circumstances, when this has been carried out by either the social worker or the ambulance service.

Except for a small outbreak of sonne dysentery, the health of the children has been good and no outstanding incidents or accidents have been reported.

Those children who, on admittance, had previously attended a junior training school, were taken into the Fairlawn School for the period of their residence.

Henley Hostel, Kettering

Mr. N. Laffan, the warden, reports that there is an increasing demand for places within the hostel, particularly by boys who have been previously attending E.S.N. schools and on returning home have failed to settle down. Those admitted have quickly responded and, apart from one boy, have been quite well behaved and have become regular workers. The hostel, being fairly centrally situated in the county, enables most boys to keep in regular contact with their homes by weekend visiting.

On 31st December 1967, 13 were in residence (8 workers). There were four admissions during the year and three discharges, finishing with 14 in residence in December (9 workers). For the larger part of the year, the beds were fully occupied. The wages earned by the eight workers varied from £5 to £13.

Eight of the residents went unescorted on their annual holiday; five of these were workers who paid their own holiday expenses.

AMBULANCE SERVICE

(Section 27—National Health Service Act, 1946)

REPORT BY THE COUNTY AMBULANCE OFFICER—P. H. J. WILKINSON

1. Work undertaken

The following table summarises the work of the year, and the graph (p. 68) shows the trend for the past eighteen years.

| | | | <i>No. of patients carried</i> | | | <i>Mileage</i> | |
|--|-----|-----|-----------------------------------|--------------------------|---------------|----------------|------------------|
| | | | <i>Accidents or emergency</i> | <i>Out- patients</i> | <i>Others</i> | <i>Total</i> | |
| County Council service | ... | ... | 9,944 | 131,775 | 15,454 | 157,173 | 971,752 |
| Agency service equipped with radio- telephony | ... | ... | 2 | 551 | 488 | 1,041 | 23,810 |
| Other agency services | ... | ... | 46 | 27 | 30 | 103 | 1,198 |
| Hospital car service | ... | ... | 23 | 1,726 | 310 | 2,059 | 64,887 |
| TOTAL | ... | ... | 10,015 | 134,079 | 16,282 | 160,376 | 1,061,647 |
| Patients conveyed by train | | | | | | 466 | 34,767 |

The total number of patients increased by 11,279 over the 1967 figure and the total mileage increased by 54,284.

Out-patients accounted for 83.6% of the total patients carried compared with 82.3% in 1967. Accidents and emergencies accounted for 6.2% of the total patients compared with 6.4% the previous year.

Calls received from M1 and M45 motorways totalled 158, of which 8 were for persons taken ill while travelling. Of the other 150 accident calls, there were 31 occasions when the ambulance was not required on arrival at the scene of the incident.

The demands of the psychiatric and geriatric day units have risen steeply and at times the service is hard pressed to cope with accidents and emergencies during the morning and late afternoons when day patients are being transported.

2. Vehicles

The establishment was increased by an additional vehicle at Wellingborough. This is a standard 15-seater minibus used mainly for the conveyance of psychiatric day patients, but has only limited use for normal out-patient clinics. Of the other 45 vehicles in service, 20 are conventional two-stretcher ambulances, 11 are dual purpose vehicles capable of carrying two stretchers, 7 are dual purpose vehicles capable of carrying one stretcher and 7 are ambulance conversions of estate cars.

3. Equipment

Additional equipment was purchased to bring the vehicles up to the scales recommended in Part 2 of the Millar Report and all ambulances now carry the scale of equipment suggested.

Prior to the issue of this report, orders had been placed to provide only one stretcher trolley in new vehicles due for delivery, but from now on all new ambulances will be fitted with two trolleys as recommended. Portable incubators are not held within the ambulance service but are immediately available at the four maternity hospitals within the County.

4. Staff

The establishment of driver/attendants was increased by one at the Wellingborough station. At the end of the year the ratio of staff to vehicles was 1.9/1.

Station Officer R. Nixon of Corby died suddenly on 31st January 1968, and was succeeded by Mr. A. Read, previously with the Hampshire County Ambulance Service.

Two officers and two driver/attendants attended interim training courses organised by the Leicestershire County Council and one of the officers subsequently attended an instructors' course at Easingwold arranged by the West Riding of Yorkshire County Council.

5. Establishment

At the end of the year the establishment and distribution of staff and vehicles was as follows :

(a) Headquarters

County Ambulance Officer
Deputy County Ambulance Officer
3 Control Officers
4 Assistant Controllers
2 Part-time telephonist/clerks (equivalent to one whole-time)

(b) County Council service

| STATION | | VEHICLES | STAFF | | | |
|----------------|-----|----------|-----------------|---------------|---------|-------|
| | | | Station Officer | Shift Leaders | Drivers | Total |
| Brackley | ... | 4 | — | 1 | 5 | 6 |
| Corby | ... | 6 | 1 | 3 | 7 | 11 |
| Daventry | ... | 5 | 1 | 3 | 5 | 9 |
| Kettering | ... | 7 | 1 | 4 | 10 | 15 |
| Northampton | ... | 5 | 1 | 4 | 8 | 13 |
| Oundle | ... | 2 | — | — | 3 | 3 |
| Rushden | ... | 4 | — | 2 | 4 | 6 |
| Towcester | ... | 4 | 1 | 1 | 5 | 7 |
| Wellingborough | ... | 6 | 1 | 3 | 7 | 11 |
| Reserves | ... | 3 | — | — | — | — |
| | | 46 | 6 | 21 | 54 | 81 |

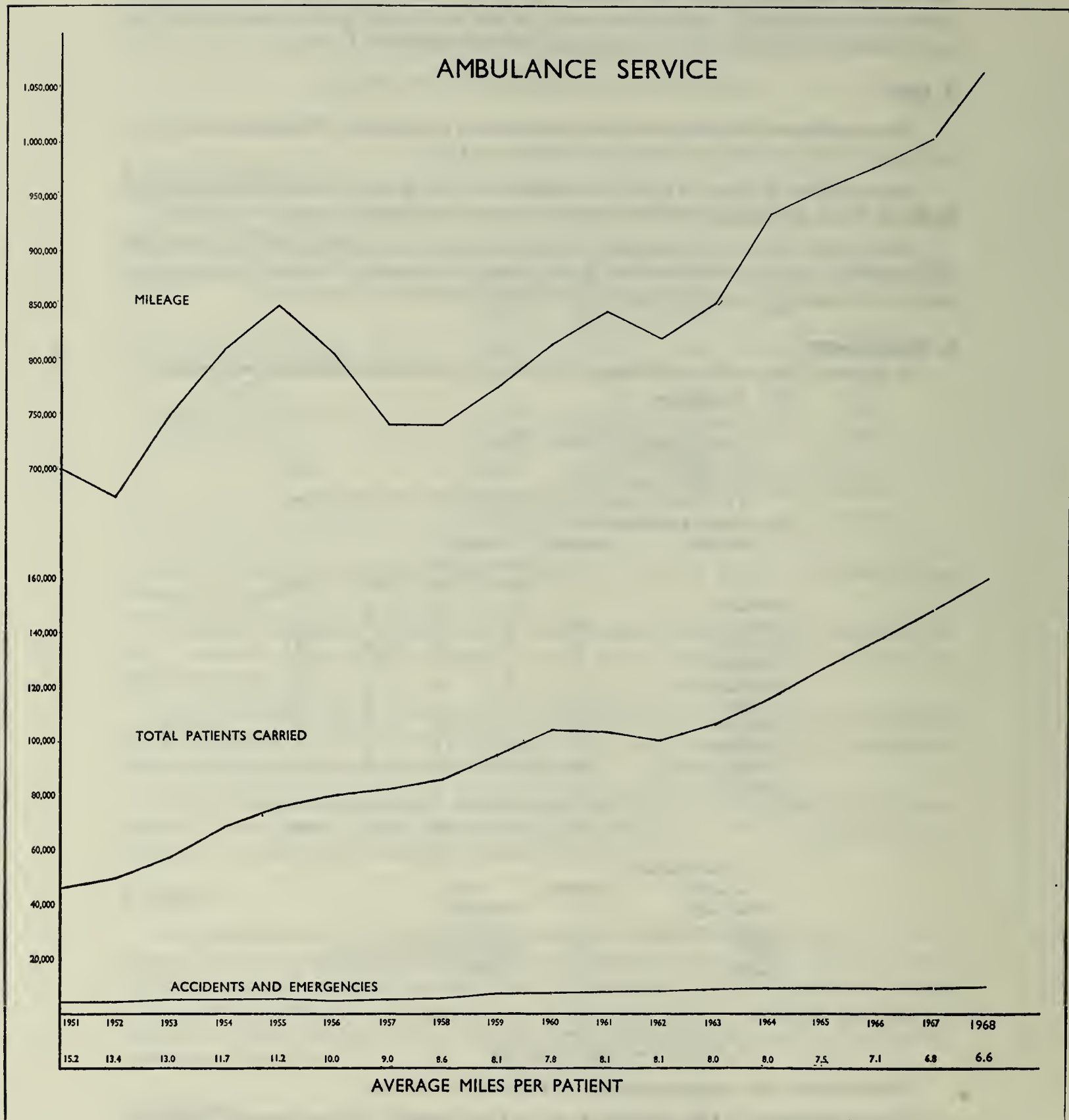
(c) Agency Services

| STATION | | VEHICLES | STAFF |
|-----------------|-----|----------|--------------------------|
| Desborough | ... | 1 | Volunteers |
| Irthlingborough | ... | 1 | Volunteers |
| Islip* | ... | 1 | Part-time and volunteers |
| Raunds | ... | 1 | Volunteers |
| | | 4 | |

* Equipped with radio-telephony

These services were supplemented by the Hospital Car Service.

The agency service at Islip continues to be used on a regular part-time basis but the smaller agencies at Desborough, Irthlingborough and Raunds, which rely upon staffing by volunteers, are seldom used.



6. Competition

A team from the Daventry station, which won the 1966 County competition, was entered in the regional competition organised by the National Association of Ambulance Officers and held at Newbury in May. The team was placed fourth out of the five teams which entered although the crew members obtained the highest marks in their individual tests.

7. Ambulance Liaison Officer

Discussions have been held over the past four years with the Kettering and District Hospital Management Committee regarding the appointment of an ambulance liaison officer at the Kettering General Hospital, but owing to financial restrictions it was not possible to make the appointment until 30th September, 1968. The salary of this officer is shared jointly between the hospital management committee and the County Council. The holder is a uniformed officer with the necessary authority in both the hospital and ambulance services. He is the focal point through which all hospital requests are transmitted to the ambulance service and provides information to the hospital staff regarding the services available. It is therefore hoped that this appointment will achieve the closer co-operation needed in the interests of efficiency and economy and provide an exchange of information on practice, procedure and developments in both services.

8. Educational activities

Officers of the service have given first aid lectures and demonstrations at in-service training sessions to district nurses, home helps and teachers. Lectures are also given to police cadets on the functions of the ambulance service, together with demonstrations of vehicles and equipment in use.

Talks are also arranged, in consultation with the Health Education Organiser, for Mothers' Clubs, Women's Institutes, etc. on "First Aid in the Home" and "Expired Air Resuscitation".

CASES OF INFECTIOUS DISEASES

| DISEASES | URBAN DISTRICTS | | | | | | | | | | | | | RURAL DISTRICTS | | | | | | | | | Totals for Administrative County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Brackley (Borough) | Daventry (Borough) | Higham Ferrers (Boro') | Kettering (Borough) | Burton Latimer | Corby | Desborough | Irthlingborough | Oundle | Raunds | Rothwell | Rushden | Wellingborough | Totals for Combined Urban Districts | Brackley | Brixworth | Daventry | Kettering | Northampton | Oundle and Thrapston | Towcester | Wellingborough | | Totals for Combined Rural Districts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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INFECTIOUS DISEASES

1. Notifications

The diseases notified during the year are shown in tabular form on page 70.

Compared with 1967 the total number of notifications decreased by more than fifty per cent, due largely to the decrease in the incidence of measles. There was, however, an increase in the number of cases of infective hepatitis which, as shown in the following table, was particularly marked in Corby. Notifications of food poisoning and dysentery, conditions which often reflect standards of hygiene, were higher than in either of the two preceding years.

The number of cases of respiratory tuberculosis notified was again smaller than in the preceding year.

| | INFECTIVE HEPATITIS | |
|------|---------------------|------------------------------|
| | <i>Corby Urban</i> | <i>Administrative county</i> |
| 1963 | 10 | 74 |
| 1964 | 11 | 32 |
| 1965 | 40 | 115 |
| 1966 | 12 | 42 |
| 1967 | 8 | 128 |
| 1968 | 87 | 192 |

2. Vaccination and immunisation

(a) CONTROL OF IMMUNISATION BY COMPUTER

As mentioned in the annual report for 1967, a scheme to implement the control of immunisation by computer was commenced in January, 1968, having been approved by the Local Medical Committee and the Executive Council.

It has been found that, whilst parents are willing to have their children immunised, they are often confused by the multiplicity of procedures necessary to complete a full programme of protection. The use of a system of computer control means that parents are saved from having to remember when each procedure is due and family doctors do not need to check whether their patients have been immunised.

The basis of the scheme is that every parent, on the birth of a child, is asked to agree to the full programme of immunisation. The details of all births occurring in the county are fed into the computer which, from this information, produces a health visiting record card. This record card includes a consent form which the Health Visitor, on one of her early visits, asks the parents to sign, giving them the choice of having the immunisations performed either by their family doctor or at a child welfare centre. Where the health visitor is aware that the family doctor prefers to immunise all his own patients himself, she advises the parents accordingly.

The completed consent details are then fed into the computer which creates from this, a vaccination record in respect of each child. The details of children not born in Northamptonshire, but transferring into the county at a later date, are also placed on the vaccination file.

A letter outlining the scheme was sent to all family doctors practicing in the county, asking if they wished to participate, and at the end of the year, 130 doctors had joined the scheme. Before the commencement of the scheme, the general practitioners were asked to provide the following information:

- (a) the day or days in the month on which they would normally hold sessions;
- (b) the time of the commencement of the sessions;
- (c) the number of appointments to be made per 15 minutes;
- (d) the maximum number of appointments to be made for each session.

This information, together with similar data regarding the County Council child welfare clinics, including the mobile clinic, was then fed into the computer.

For appointment purposes, the calendar month was divided into two periods, the 1st to 14th and the 15th to 28th. For technical reasons, the computer does not send appointments for the 29th, 30th or 31st days of the month.

The first vaccination session was held during the second period in June, and the computer produced:

- (a) postcards addressed to the parents of children due for vaccinations, giving the date, time and place of the appointment;
- (b) a list of appointments for the general practitioner showing the names of the children and the type of inoculation required, together with the date of the session, the location of the surgery and the time of the appointments made.

After the clinic, the lists are returned to the County Health Dept. by the doctor who records one of the following results in respect of each child:

- (a) that the expected vaccination was given;
- (b) that the vaccination was not given, but that a reason for non-attendance was received;
- (c) that the vaccination was not given, and that no excuse for non-attendance was received.

The form considerably reduces the clerical work performed by the doctor, who is no longer required to complete an individual notification in respect of each child. The completion of the form simply consists of indicating one of the above three alternatives by circling an appropriate number.

Where the vaccination was carried out as indicated, an appointment for the next course is sent at the appropriate time. If, however, the vaccination was not given, the computer sends further appointments for attendance at later sessions. After failing to attend three appointments however, with no reason for non-attendance given, a report is printed out, so that the case may be followed up. The health visitor is asked to visit the home to find out why the child has not attended and to encourage the mother to keep subsequent appointments.

In addition to the lists of scheduled vaccinations, forms are issued on which the doctors may record immunisations for which no appointment has been made, or which are not in accordance with the procedure indicated on the scheduled appointment list.

The lists of vaccinations and the unscheduled appointment forms are used by the County Health Department to update the computer file and those completed by general practitioners are passed on to the Executive Council in order that the prescribed fees in respect of vaccinations may be made.

The computer is programmed to issue appointments in accordance with the schedule of vaccinations, as revised by the Joint Advisory Committee on Vaccination and Immunisation.

(b) TRIPLE IMMUNISATION AND POLIOMYELITIS VACCINATION

During the year, 2,746 children received a primary course of triple immunisation and, 4,088 children received a primary course of poliomyelitis vaccination. The fall in numbers from 5,480 and 5,414 respectively in 1967 is due to the fact that, under the revised schedule of immunisation, the primary course is not completed until twelve months of age.

A total of 5,194 children were given booster doses of triple antigen; 3,590 received booster doses of Diphtheria/Tetanus antigen and 4,609 received booster doses of Poliomyelitis vaccine. These figures represent a slight increase over the numbers immunised last year.

The following table shows the number of inoculations against each of the diseases completed during 1968.

| <i>Age</i> (<i>year of birth</i>) | <i>Under 1</i> 1968 | <i>1-4</i> 64-67 | <i>5-9</i> 59-63 | <i>10-15</i> 53-58 | <i>Under 16</i> <i>Totals</i> |
|--|------------------------|---------------------|---------------------|-----------------------|----------------------------------|
| Primary Inoculation | | | | | |
| Diphtheria ... | 19 | 2,709 | 100 | 29 | 2,859 |
| Whooping Cough ... | 19 | 2,663 | 56 | 8 | 2,746 |
| Tetanus ... | 19 | 2,734 | 300 | 1,110 | 4,163 |
| Poliomyelitis ... | 11 | 3,834 | 168 | 75 | 4,088 |
| Booster Inoculation | | | | | |
| Diphtheria ... | — | 5,450 | 3,163 | 171 | 8,784 |
| Whooping Cough ... | — | 4,291 | 862 | 41 | 5,194 |
| Tetanus ... | — | 5,492 | 3,304 | 509 | 9,305 |
| Poliomyelitis ... | — | 1,724 | 2,812 | 73 | 4,609 |

The number of children born since 1st January, 1954 who by 31st December 1968 had completed a course of immunisations against diphtheria and poliomyelitis is shown in the following table:

| <i>Age on 31/12/68</i> (<i>i.e. born in year</i>) | <i>Under 1</i> 1968 | <i>1-4</i> 64-67 | <i>5-9</i> 59-63 | <i>10-14</i> 54-58 | <i>1-15</i> <i>Totals</i> |
|--|------------------------|---------------------|---------------------|-----------------------|------------------------------|
| Number immunised against Diphtheria ... | 19 | 19,394 | 19,517 | 16,890 | 55,820 |
| Estimated percentage of population immunised ... | — | 86% | 73% | | 77% |
| Number vaccinated against Poliomyelitis ... | 11 | 18,369 | 20,314 | 20,142 | 58,836 |
| Estimated percentage of population vaccinated ... | — | 81% | 81% | | 81% |
| Estimated mid-year child population ... | 5,680 | 22,620 | 50,000 | | 72,620 |

As the primary course of immunisations under the revised schedule is not completed until the child is twelve months of age, the children born in 1968 have been ignored for statistical purposes.

In the one to four year age group there has been an increase in children immunised from 82% to 86%. This increase together with the omission of children under one year of age, has resulted in an overall figure of 77%.

The overall figure for poliomyelitis vaccinations shows a slight decrease of 2% from 83% in 1967.

(c) SMALLPOX VACCINATION

The following table shows the number of children vaccinated during the year.

| | | | | <i>Primary</i> | <i>Revaccination</i> |
|--------------------|-----|-------------|--------|----------------|----------------------|
| Under 1 year | ... | ... | ... | 135 | — |
| 1 year | ... | ... | ... | 2,238 | — |
| 2 years - 4 years | ... | ... | ... | 616 | 34 |
| 5 years - 15 years | ... | ... | ... | 254 | 266 |
| | | | Totals | 3,243 | 300 |
| | | Grand Total | ... | 3,543 | |

These figures show a slight decrease in the primary courses received by children under 15 years, while the number of revaccinations has increased slightly.

(d) ANTHRAX VACCINATION

Vaccine is available for general practitioners who wish to inoculate workers in tanneries or similar establishments, who are at special risk of contacting the disease. The demand for this vaccine is small.

(e) YELLOW FEVER VACCINATION

The clinic for yellow fever vaccination continued to be held every Thursday morning in Northampton. During the year 476 persons who were intending to travel to yellow fever areas were vaccinated, comprising 442 civilians and 34 military personnel.

(f) MEASLES VACCINATION

In circular 1/68 dated 6th February, 1968 the Ministry of Health gave preliminary notice that on the recommendation of the Joint Committee on Vaccination and Immunisation vaccination against measles should be offered to all children who had not been previously immunised nor had an attack of the natural disease. This vaccination was to be given by means of one dose of live attenuated measles virus vaccine given routinely during the second year of life or to susceptible children up to school leaving age. Although supplies of vaccine were not available at that time it was hoped that vaccinations would commence during May and that all susceptible children would have been vaccinated by the Autumn when the biennial epidemic of measles was expected.

Towards the end of March, the Ministry asked Local Authorities to make arrangements under Section 26 of the National Health Service Act 1946 for vaccination against measles and circular 9/68 conveyed the Ministry's formal approval as required under Section 26 (2) of the 1946 Act.

At the outset of the campaign vaccination was, in the first instance to be offered to all susceptible children who were between their fourth and seventh birthdays and children in closed communities between their first and seventh birthdays. This included all children attending infant schools and children in the year prior to starting school. The second group included children attending day nurseries, child minders, children's homes and training centres. It was estimated that in the four to seven year age group there were approximately 12,500 susceptible children in the county.

In order to publicise the measles vaccination campaign posters were sent to all local post offices in the county, all children attending infants schools were given a letter and explanatory pamphlet, Health Visitors informed children in the pre-school group and those attending play

groups and posters were displayed in all child welfare centres. A Press conference was held and wide press publicity was given for vaccination. General Practitioners were circulated and given full details and informed that in the first instance parents were to be advised to consult their family doctor for measles vaccination. The response to this initial campaign was very good, but in view of the shortage of vaccine at that time it was necessary to ration the vaccine and in consequence of this, children whose parents were anxious to have them vaccinated, were not given the vaccine because adequate supplies were not available with the result that the publicity campaign was not as successful as had been hoped.

Following this initial set back, representations were made to the Ministry and it was decided that no further publicity would be given until adequate supplies of vaccine were available, although it proved difficult to build up an adequate stock.

In September, a further campaign, aimed at all children between one year and seven years together with older brothers and sisters up to 15 years of age, was launched. This campaign was not as comprehensive as the one undertaken in May, but in view of the failure of the first campaign the initial response to the first campaign was not repeated.

The following table shows the number of measles vaccinations carried out during the year.

| <i>Year of birth</i> | | | <i>Age</i> | | | |
|----------------------|-----|-----|----------------|-----|-----|-------|
| 1968 | ... | ... | Under 1 year | ... | ... | 8 |
| 1964-67 | ... | ... | 1 to 4 years | ... | ... | 2,016 |
| 1959-63 | ... | ... | 5 to 9 years | ... | ... | 1,405 |
| 1953-58 | ... | ... | 10 to 15 years | ... | ... | 53 |
| | | | Total | ... | ... | 3,482 |

3. Tuberculosis

(a) INCIDENCE AND MORTALITY

There were 57 new notifications, of which 42 were respiratory tuberculosis and fifteen non-respiratory tuberculosis. Seventeen cases were transferred from other authorities.

The Registrar General reported six deaths from tuberculosis (three respiratory and three non-respiratory), this being six less than in 1967. The mortality rate for the combined urban districts was 2.1 per 100,000 population, and 1.5 per 100,000 population for the combined rural districts.

(b) B.C.G. VACCINATION OF SCHOOL CHILDREN

This subject is dealt with on page 25 of Part II of this report.

(c) EXTRA NOURISHMENT GRANTS

Grants of free milk were made to six patients on the recommendation of the chest physician.

(d) LONG STAY IMMIGRANTS

Local health authorities are informed of immigrants who have been referred to port medical officers. This enables the health visitor to visit the immigrants to inform them of the health services, to encourage them to register with a general practitioner and to undergo a chest X-ray examination. The result of the X-ray examination is sent to the County Health Department and then passed to the general practitioner with whom the immigrant has registered. The following shows the number of notifications received and the number of successful visits.

| | | | | Notifications | Visits |
|-------------------------|-----|-----|-----|---------------|-----------|
| Commonwealth | | | | | |
| Caribbean | ... | ... | ... | 20 | 16 |
| India | ... | ... | ... | 34 | 21 |
| Pakistan | ... | ... | ... | 4 | 3 |
| Other Asian | ... | ... | ... | 8 | 9 |
| African | ... | ... | ... | 7 | 5 |
| Other | ... | ... | ... | 4 | 1 |
| Non-Commonwealth | | | | | |
| European | ... | ... | ... | 38 | 38 |
| Other | ... | ... | ... | 8 | 5 |
| Total | | | | 123 | 98 |

Of the 98 immigrants who were visited during 1968, 48 had X-ray examinations arranged by the County Health Department, whilst another seven had already been X-rayed at the port of arrival.

(e) REPORTS OF CHEST PHYSICIANS

(1) The following comments are based on the annual report on the chest service of the Kettering and District Hospital Management Committee area, prepared by Dr. O. E. Fisher, Consultant Chest Physician.

Area served

The headquarters of the chest service is Rushden Hospital which serves the north eastern part of the county. About 80% of the population is urban, the main industries being boot and shoe, leather and steel production. The estimated mid-year population was 219,600.

Clinic premises

| | | | | No. of sessions | |
|----------------------------------|-----|-----|-----|-----------------|----------|
| Corby Nuffield Diagnostic Centre | ... | ... | ... | 2 | per week |
| Kettering General Hospital | ... | ... | ... | 1 | „ |
| Kettering St. Mary's Hospital | ... | ... | ... | 1 | „ |
| Rushden Hospital | ... | ... | ... | 1 | „ |
| Wellingborough Rock Street | ... | ... | ... | 2 | „ |

The Clinic at Rock Street, Wellingborough is to be closed in 1970 and so far no plans have been made to provide new premises in Wellingborough. Out-patient facilities will be transferred to Park Hospital, but unfortunately it is not proposed to provide X-ray facilities.

Hospital beds

In 1967, the use of one ward for nursing mentally defective children reduced the bed complement from 68 to 48 and bed occupancy increased to over 80%. Admissions rose from 321 in 1967 to 363, the increased turn-over of in-patients and more varied types of admission has increased strain on the inadequate medical coverage.

Tuberculosis

There were 50 notifications of tuberculosis compared with 62 in 1967; 36 of these were respiratory cases, of which four were child contacts. Ninety-four names were removed as cured from the Clinic Register and the decline in tuberculosis in the community is illustrated by the reduction in cases on the Clinic Register from 905 in 1958 to 290 in 1968, a decline of over 68% in ten years.

DEATHS FROM RESPIRATORY DISEASES



5. *Non-tuberculous diseases diagnosed in new cases attending chest clinics*

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| Bronchial carcinoma... | ... | ... | ... | ... | ... | 93 |
| Other malignant neoplasms | ... | ... | ... | ... | ... | 13 |
| Simple tumours and cysts | ... | ... | ... | ... | ... | 1 |
| Chronic bronchitis and emphysema including cor-pulmonale | ... | ... | ... | ... | ... | 166 |
| Acute respiratory infections including pneumonia | ... | ... | ... | ... | ... | 134 |
| Asthma | ... | ... | ... | ... | ... | 59 |
| Spontaneous pneumothorax | ... | ... | ... | ... | ... | 8 |
| Non-tuberculous effusions including empyema | ... | ... | ... | ... | ... | 6 |
| Bronchiectasis | ... | ... | ... | ... | ... | 30 |
| Sarcoidosis | ... | ... | ... | ... | ... | 10 |
| Pneumonoconiosis | ... | ... | ... | ... | ... | 3 |
| Haemoptysis (unexplained) | ... | ... | ... | ... | ... | 3 |
| Congenital heart disease | ... | ... | ... | ... | ... | 1 |
| Acquired heart disease | ... | ... | ... | ... | ... | 24 |
| Miscellaneous | ... | ... | ... | ... | ... | 70 |
| No abnormalities discovered | ... | ... | ... | ... | ... | 205 |

RUSHDEN HOSPITAL (in-patients statistics)

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 1. In hospital, 1st January, 1968 | ... | ... | ... | ... | ... | 39 |
| 2. Admissions | ... | ... | ... | ... | ... | 363 |
| 3. Discharges (including deaths): | | | | | | |
| (a) Tuberculosis, respiratory | ... | ... | ... | ... | ... | 47 |
| non-respiratory | ... | ... | ... | ... | ... | 11 |
| total | ... | ... | ... | ... | ... | 58 |
| (b) Neoplasms | ... | ... | ... | ... | ... | 141 |
| (c) Acute infections | ... | ... | ... | ... | ... | 33 |
| (d) Chronic bronchitis | ... | ... | ... | ... | ... | 62 |
| (e) Cardio-respiratory failure and other heart and circulatory conditions | ... | ... | ... | ... | ... | 19 |
| (f) Asthma | ... | ... | ... | ... | ... | 13 |
| (g) Bronchiectasis | ... | ... | ... | ... | ... | 17 |
| (h) Sarcoidosis | ... | ... | ... | ... | ... | 2 |
| (i) Other conditions | ... | ... | ... | ... | ... | 24 |
| (j) Children—respiratory conditions including primary tuberculosis | ... | ... | ... | ... | ... | 2 |
| (k) Thoracic surgery bronchospies | ... | ... | ... | ... | ... | 78 |
| 4. Deaths | | | | | | |
| (a) Tuberculosis | ... | ... | ... | ... | ... | 1 |
| (b) Non-tuberculous | ... | ... | ... | ... | ... | 59 |
| 5. In hospital, 31st December, 1968 | ... | ... | ... | ... | ... | 33 |
| 6. Beds available to chest Department 31st December, 1968 | ... | ... | ... | ... | ... | 48 |

(2) The following notes on the chest service in the south western part of the county, which has an estimated population of 101,520, are based on the report of Dr. N. O'Leary.

There were five new cases of tuberculosis, only one being respiratory tuberculosis, and this was coincident with bronchial carcinoma.

Out-patients clinics are held at Northampton and Daventry and out-patients are also seen at Creton Hospital. The future of the chest clinic in Daventry is in question but this is connected with future of the general practitioner service of the mass radiography unit. The number of tuberculous patients on the Daventry clinic register grows smaller each year, and the low incidence of tuberculosis in the rural areas of this part of the county is satisfactory.

4. Venereal disease

Clinics for the diagnosis and treatment of venereal diseases are held at Kettering and Northampton General Hospitals and Peterborough Memorial Hospital.

The number of county patients attending for the first time during the last three years was :

| | | | | <i>Syphilis</i> | | | <i>Gonorrhoea</i> | | | <i>Other conditions</i> | | |
|--------------------------------|-----|-----|-----|-----------------|------|------|-------------------|------|------|-------------------------|------|------|
| | | | | 1966 | 1967 | 1968 | 1966 | 1967 | 1968 | 1966 | 1967 | 1968 |
| Kettering General Hospital | ... | ... | ... | 2 | 1 | 3 | 26 | 33 | 36 | 60 | 63 | 22 |
| Northampton General Hospital | ... | ... | ... | 1 | 1 | 5 | 29 | 34 | 30 | 61 | 95 | 85 |
| Peterborough Memorial Hospital | ... | ... | ... | 1 | 1 | — | 6 | 11 | — | 16 | 32 | 3 |
| | | | | 4 | 3 | 8 | 61 | 78 | 66 | 137 | 190 | 110 |

There was no observable trend in the numbers of first attendances for syphilis and gonorrhoea. The rates of first attendances for these conditions remain at less than one third of those in England and Wales taken as a whole.

LIAISON ARRANGEMENTS

Department of Social and Preventive Medicine, Kettering General Hospital

This department was opened in December 1967 and is, at present, housed in a caravan moored beside the new out-patient block. Its function is to facilitate liaison between hospital and domiciliary staff, thereby promoting arrangements for the prevention of illness, and the care and after-care of residents living in the catchment area of the hospital. The department has been supervised from September 1968 by Dr. B. T. Williams, Senior Medical Officer with one clerk—Mrs. B. Harris—as an assistant.

The activities of the department in 1968 included :

1. Referring requests for community services from the hospital staff to the appropriate community agencies. The department acts as a central point to which requests may be directed for the convenience of those making the referrals. The services requested included—
 - provision of home helps
 - provision of medical loans
 - home nursing visits
 - health visiting, especially in relation to diabetic patients and to the homes of children who have defaulted from attending paediatric clinics
 - notification to health visitors of the names and addresses of children under 5 discharged from hospital

These are set out below:

| <i>Health Visitor</i> | | | | | |
|-----------------------|---------------------------------------|-------------------|--|---|---------------|
| <i>home help</i> | <i>medical loans and nursing aids</i> | <i>home nurse</i> | <i>notification of discharge of children under 5</i> | <i>notification of paediatric clinic defaulters</i> | <i>others</i> |
| 98 | 74 | 15 | 549 | 51 | 24 |

2. Epidemiological and medical care studies. Those commenced were—
 - (i) Observing the trends in hospitalisation of children for accidental poisoning in order to provide information about the hazards operating locally which can be used in a health education campaign.
 - (ii) Observing the trends in obtaining cervical smears from women at hospital, local authority and general practitioners' clinics and measuring the effectiveness, from laboratory records, of using health visitors to identify women in the highest risk groups for cancer of the cervix and then persuading them to have smears taken.
 - (iii) Studying the effect of planning the after-care of patients before discharge from hospital, in terms of readmission rates, time spent off work, the burden felt by the relatives, and such indices.
 - (iv) Measuring the extent to which members of the public using a waiting area in the out-patient department perceive and understand the health department's display there. "Market research" type interviews are being conducted with members of both sexes and various ages.

These studies will be fully reported in future annual reports.

Visitors

Two visits were paid during the year by members of management courses at the Hospital Administrative Staff College, London. The groups, which were accompanied on each occasion by a member of the College staff, came to study the relationship between the hospital and the community health services.

As in previous years the department welcomed a wide variety of postgraduate and undergraduate visitors.

ENVIRONMENTAL HYGIENE

1. Water supply and sewage disposal

(a) APPROVAL IN PRINCIPLE

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle :

| <i>Authority</i> | <i>Scheme</i> | <i>Estimated cost</i> |
|----------------------|--|--|
| Brackley R.D.C. ... | Greatworth Main Drainage— Extension to sewage disposal works | £12,653 |
| Brixworth R.D.C. | Marston Trussell sewerage and sewage disposal | £20,000 |
| Bucks Water Board | Water main extension to " The Quarries " Silverstone ... | £405 |
| Nene and Ouse ... | Improvements to Raunds and Barnwell Sources | £43,550 |
| Water Board ... | | (Barnwell £20,375 and Raunds £23,175) |
| Towcester R.D.C. ... | Main drainage of Alderton and Grafton Regis | £86,267 |
| Towcester R.D.C. ... | Wappenham regional sewerage and sewage disposal ... | £204,300 |

(b) CONTRIBUTIONS MADE

The County Council agreed to make the following contribution in accordance with the approved scale.

| <i>Authority</i> | <i>Scheme</i> | <i>Estimated cost</i> | <i>Ministry of Housing and Local Government grant (capital sum)</i> | <i>County Council's contribution (capital sum)</i> |
|-------------------|---|-----------------------|---|--|
| Bucks Water Board | Water main extension to " The Quarries ", Silverstone | £1,092 | £126 | £126 |

(c) REVISED CONTRIBUTION

The County Council revised its contributions, in the light of revisions made by the Ministry of Housing and Local Government, as follows :

| <i>Authority</i> | <i>Scheme</i> | <i>Estimated cost</i> | | <i>Ministry of Housing and Local Government grant</i> | | <i>County Council's contribution (capital sum)</i> | |
|---|------------------------------------|-----------------------|----------------|---|--|--|----------------|
| | | <i>Original</i> | <i>Revised</i> | <i>Original</i> | <i>Revised</i> | <i>Original</i> | <i>Revised</i> |
| Brackley R.D.C. | Thorpe Mandeville main drainage | £24,380 | £20,404 | Half-yearly payments of £125 for 30 years | Half-yearly payments of £116 for 30 years | £3,350 | £3,298 |
| Oundle and Thrapston Rural District Council | Titchmarsh | £54,000 | £50,298 | Half-yearly payments of £420 for 30 years | Half-yearly payments of £371 for 30 years | £10,750 | £9,492 |

2. Rural Housing

The activities of rural housing authorities during 1968 are summarised in this table which also indicates their achievements in the entire post-war period.

| | | <i>Popula- tion est. 1968</i> | <i>Under construction at 31/12/68*</i> | <i>Completed up to 31/12/67</i> | <i>Completed during 1968*</i> | <i>Total post-war houses completed at 31/12/68</i> | <i>Post-war houses completed per 1,000 population</i> |
|----------------------|-----|---------------------------------------|--|---|---------------------------------------|--|---|
| Brackley ... | ... | 13,680 | — (—) | 851 | 6 (31) | 857 | 62.6 |
| Brixworth ... | ... | 17,100 | 22 (2) | 696 | 8 (—) | 704 | 41.2 |
| Daventry ... | ... | 18,430 | 13 (5) | 1,065 | 7 (6) | 1,072 | 58.2 |
| Kettering ... | ... | 12,180 | — (27) | 962 | 27 (55) | 989 | 81.2 |
| Northampton ... | ... | 21,480 | — (22) | 1,900 | 24 (3) | 1,924 | 89.6 |
| Oundle and Thrapston | | 18,280 | — (38) | 915 | 38 (13) | 953 | 52.1 |
| Towcester ... | ... | 17,850 | 20 (48) | 1,200 | 48 (18) | 1,248 | 69.9 |
| Wellingborough ... | ... | 15,720 | 8 (29) | 979 | 29 (4) | 1,008 | 64.1 |
| Totals ... | ... | 134,720 | 63 (171) | 8,568 | 187 (130) | 8,755 | MEAN—64.9 |

* Figures in parenthesis show corresponding figures for 1967

The building of 8,755 houses by rural districts, whose total population is 134,720 represents one new house for every 15.4 persons. In addition, 10,775 houses have been completed by private enterprise since the war. Combining figures for public and private housing, a total of 19,530 houses has been completed since the war in the rural districts of the County, representing one for every 6.9 members of the population.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—URBAN AREAS

| CAUSES OF DEATH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|----|---------------------|----|------------|----|---------------|----|---------------|----|----------------------|----|----------------------|----|----------------|-----|-------------|----|-------------|----|---------------|----|--------------|-----|---------------------|-----|---------------------|-----|---|
| | Brackley M.B. | | Burton Latimer U.D. | | Corby U.D. | | Daventry M.B. | | Desboro' U.D. | | Highnam Ferrers M.B. | | Ithling-borough U.D. | | Kettering M.B. | | Oundle U.D. | | Raunds U.D. | | Rothwell U.D. | | Rushden U.D. | | Wellingborough U.D. | | Aggregate of U.D.s. | | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| ALL CAUSES | 17 | 21 | 29 | 25 | 158 | 91 | 40 | 78 | 29 | 27 | 24 | 22 | 39 | 24 | 267 | 254 | 29 | 43 | 32 | 38 | 28 | 32 | 130 | 103 | 199 | 209 | 1021 | 967 | |
| B4 Enteritis and other diarrhoeal diseases | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | 3 | |
| B5 Tuberculosis of respiratory system | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1 | |
| B6 Other tuberculosis, incl. late effects | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | |
| B17 Syphilis and its sequelae | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | |
| B18 Other infective and parasitic diseases | .. | .. | .. | .. | .. | 2 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| B19 (1) Malignant neoplasm—stomach | .. | .. | .. | 1 | .. | .. | .. | 2 | .. | .. | .. | .. | .. | .. | 2 | .. | .. | 2 | .. | 1 | .. | .. | .. | .. | 1 | 3 | 3 | | |
| B19 (2) Malignant neoplasm—lung, bronchus | 1 | .. | 3 | .. | 17 | 4 | .. | .. | 3 | .. | 3 | .. | 4 | .. | 22 | 1 | 3 | 1 | 6 | .. | 2 | .. | 13 | 4 | 13 | 3 | 90 | 13 | |
| B19 (3) Malignant neoplasm—breast | .. | .. | .. | 1 | .. | 1 | .. | 4 | .. | 1 | .. | 1 | .. | .. | .. | 7 | .. | .. | 1 | .. | .. | .. | .. | .. | 3 | .. | 27 | .. | |
| B19 (4) Malignant neoplasm—uterus | .. | .. | .. | .. | .. | 5 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | .. | 1 | .. | .. | .. | .. | .. | .. | 4 | .. | 18 | .. | |
| B19 (5) Leukaemia | .. | .. | .. | 2 | 2 | 2 | .. | .. | 1 | .. | .. | .. | .. | .. | 1 | 3 | .. | .. | .. | .. | .. | .. | 2 | 2 | 2 | 1 | 8 | 10 | |
| B19 (6) Other malignant neoplasms, etc. | 1 | 6 | 1 | 1 | 13 | 13 | 3 | 4 | 1 | 3 | 2 | 4 | 3 | 3 | 24 | 30 | 3 | 2 | 3 | 6 | 4 | 3 | 16 | 16 | 21 | 16 | 95 | 107 | |
| B20 Benign and unspecified neoplasms | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | .. | |
| B21 Diabetes Mellitus | .. | .. | .. | .. | 2 | 2 | 1 | 1 | .. | .. | 2 | 3 | .. | 1 | 1 | 3 | .. | 1 | .. | .. | .. | .. | 2 | .. | .. | 4 | 10 | 14 | |
| B22 Avitaminoses, etc. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | |
| B46 (1) Other endocrine etc. diseases | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | 1 | 3 | .. | .. | .. | .. | .. | .. | .. | 5 | .. | .. | 1 | 10 | |
| B23 Anaemias | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | .. | .. | 1 | .. | .. | 1 | .. | 1 | 2 | 3 | 3 | |
| B24 Meningitis | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | |
| B46 (4) Other diseases of nervous system, etc. | .. | .. | 1 | .. | 5 | .. | .. | .. | 2 | .. | .. | .. | .. | .. | 3 | 2 | 1 | 1 | .. | .. | .. | .. | .. | .. | 6 | 3 | 18 | 6 | |
| B26 Chronic Rheumatic heart disease | .. | .. | 2 | .. | 3 | 1 | 1 | .. | .. | .. | 1 | .. | .. | 2 | 5 | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | 1 | 5 | 16 | 12 | |
| B27 Hypertensive disease | .. | 2 | 1 | .. | 2 | 5 | .. | 1 | 3 | .. | 1 | .. | 1 | .. | 6 | 7 | 1 | 3 | .. | 1 | .. | 3 | .. | .. | 3 | 5 | 21 | 25 | |
| B28 Ischaemic heart disease | 5 | 4 | 7 | 5 | 41 | 14 | 18 | 26 | 4 | 4 | 5 | 5 | 9 | 8 | 72 | 38 | 4 | 5 | 6 | 9 | 10 | 9 | 32 | 23 | 50 | 44 | 263 | 194 | |
| B29 Other forms of heart disease | 1 | 2 | 3 | 4 | 8 | 3 | .. | 1 | 2 | 5 | .. | .. | 2 | 2 | 8 | 13 | 1 | 2 | 1 | 4 | 2 | 4 | 6 | 6 | 9 | 17 | 43 | 63 | |
| B30 Cerebrovascular disease | 1 | 3 | 3 | 1 | 14 | 10 | 1 | 11 | 2 | 3 | 3 | 3 | 6 | 4 | 17 | 51 | 5 | 8 | 3 | 5 | 1 | 4 | 14 | 11 | 26 | 37 | 96 | 151 | |
| B46 (5) Other diseases of circulatory system..... | .. | .. | .. | 2 | 3 | 6 | 2 | 5 | 2 | 1 | 1 | 1 | 1 | .. | 18 | 20 | .. | 4 | 1 | 2 | 2 | 3 | 3 | 3 | 7 | 5 | 40 | 52 | |
| B31 Influenza | .. | 1 | 1 | 2 | 1 | 1 | 3 | 4 | .. | .. | .. | .. | .. | .. | 1 | 3 | .. | .. | 1 | 1 | 2 | 1 | 1 | .. | 1 | 8 | 12 | .. | |
| B32 Pneumonia | 1 | .. | 1 | 2 | 8 | 5 | 2 | 6 | 2 | 2 | 2 | 1 | 2 | .. | 14 | 17 | 4 | 2 | 4 | 1 | .. | .. | 7 | 3 | 8 | 18 | 55 | 58 | |
| B33 (1) Bronchitis and emphysema | 2 | .. | 2 | 1 | 10 | .. | 2 | .. | 1 | .. | 1 | 2 | 6 | 1 | 26 | 4 | 1 | 3 | 2 | 3 | 2 | .. | 11 | 6 | 20 | 9 | 86 | 29 | |
| B33 (2) Asthma | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 2 | |
| B46 (6) Other diseases of respiratory system..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | 1 | 1 | .. | .. | 1 | .. | .. | .. | 1 | 3 | 10 | 6 | |
| B34 Peptic ulcer | .. | .. | 1 | .. | 2 | .. | .. | .. | 1 | .. | 1 | 1 | .. | 1 | 5 | 1 | 1 | .. | .. | .. | .. | .. | 2 | 1 | 3 | .. | 15 | 4 | |
| B35 Appendicitis | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | 2 | .. | .. | .. | .. | 1 | 1 | .. | .. | 1 | .. | 2 | .. | |
| B36 Intestinal obstruction and hernia | .. | .. | 1 | .. | .. | .. | .. | 3 | .. | .. | .. | .. | .. | .. | 3 | 1 | .. | 1 | .. | .. | .. | 1 | .. | .. | .. | 1 | 7 | .. | |
| B37 Cirrhosis of liver | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | 1 | |
| B46 (7) Other diseases of digestive system..... | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | 2 | .. | 1 | 2 | .. | 1 | 6 | .. | .. | 1 | .. | .. | .. | .. | 2 | 3 | 4 | 10 | 18 | |
| B38 Nephritis and nephrosis | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 2 | .. | 1 | .. | .. | .. | .. | .. | .. | 2 | 1 | 1 | 5 | |
| B39 Hyperplasia of prostate | 1 | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | .. | 4 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | .. | 11 | .. | |
| B46 (8) Other diseases, genito-urinary system..... | 2 | .. | .. | .. | 2 | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | 1 | 4 | .. | .. | .. | 1 | .. | 3 | 2 | 4 | 1 | 14 | 9 | .. | |
| B41 Other complications of pregnancy, etc. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 | |
| B46 (9) Diseases of skin, subcutaneous tissue | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 2 | .. | |
| B46 (10) Diseases of musculo-skeletal system..... | .. | .. | .. | 1 | .. | 2 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 3 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| B42 Congenital anomalies | 1 | 1 | 1 | 1 | 3 | 5 | .. | .. | 2 | .. | .. | .. | .. | .. | 1 | 3 | .. | .. | 1 | .. | .. | 1 | .. | .. | 2 | 3 | 4 | 9 | |
| B43 Birth injury, difficult labour, etc. | .. | .. | .. | .. | 1 | 2 | .. | 2 | .. | .. | .. | .. | .. | .. | .. | 2 | .. | .. | .. | .. | .. | .. | 2 | 1 | .. | 3 | 12 | 15 | |
| B44 Other causes of perinatal mortality | .. | .. | .. | 1 | 3 | 1 | 1 | .. | .. | .. | .. | .. | 1 | .. | 3 | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 3 | 1 | 3 | 8 |
| B45 Symptoms and ill-defined conditions | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 3 | 10 | 7 | .. | |
| BE47 Motor vehicle accidents | .. | 1 | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | 2 | .. | 1 | 1 | .. | .. | .. | .. | .. | 4 | 5 | .. | |
| BE48 All other accidents..... | .. | 1 | .. | .. | .. | 3 | 1 | .. | .. | .. | .. | .. | .. | .. | 3 | 1 | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 20 | 17 | .. | |
| BE49 Suicide and self-inflicted injuries | .. | .. | .. | .. | .. | 7 | 2 | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | 2 | 1 | .. | 3 | 1 | 4 | 1 | |
| BE50 All other external causes | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | 2 | |

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS

| CAUSES OF DEATH | Brackley R.D. | | Brixworth R.D. | | Daventry R.D. | | Kettering R.D. | | Northampton R.D. | | Oundle and Thrapston R.D. | | Towcester R.D. | | Welling- borough R.D. | | Aggregate of R.Ds. | |
|---|------------------|-----|-------------------|-----|------------------|-----|-------------------|-----|---------------------|-----|---------------------------------|-----|-------------------|-----|-----------------------------|-----|-----------------------|-----|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| ALL CAUSES | 76 | 50 | 106 | 113 | 118 | 104 | 63 | 53 | 119 | 144 | 114 | 91 | 101 | 74 | 102 | 80 | 799 | 709 |
| B4 Enteritis and other diarrhoeal diseases | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | 1 | ... | ... | ... | 1 | 1 | ... | 3 | 2 |
| B5 Tuberculosis of respiratory system | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| B6 Other tuberculosis, incl. late effects | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 1 |
| B18 Other infective and parasitic diseases | ... | ... | 1 | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 |
| B19 (1) Malignant neoplasm—stomach | 1 | 1 | 2 | 1 | 2 | 2 | ... | 2 | 2 | 5 | 5 | 2 | 4 | 4 | 3 | 4 | 19 | 21 |
| B19 (2) Malignant neoplasm—lung, bronchus | 3 | 2 | 4 | 3 | 13 | 3 | 3 | 1 | 10 | 3 | 11 | 3 | 8 | ... | 8 | 1 | 60 | 16 |
| B19 (3) Malignant neoplasm—breast | ... | 1 | ... | 2 | ... | 7 | ... | 2 | ... | 2 | ... | 1 | ... | 4 | ... | ... | ... | 19 |
| B19 (4) Malignant neoplasm—uterus | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 2 | ... | 1 | ... | ... | ... | 4 |
| B19 (5) Leukaemia | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | 1 | 1 | 1 | ... | 3 | 2 |
| B19 (6) Other malignant neoplasms, etc. | 9 | 3 | 12 | 7 | 13 | 14 | 4 | 6 | 16 | 12 | 13 | 8 | 11 | 6 | 10 | 9 | 88 | 65 |
| B20 Benign and unspecified neoplasms | ... | ... | ... | ... | ... | 1 | ... | 2 | 1 | ... | ... | ... | ... | ... | ... | 2 | 1 | 5 |
| B21 Diabetes Mellitus | ... | ... | 1 | 3 | ... | ... | ... | ... | 3 | ... | ... | 3 | ... | 2 | ... | ... | 4 | 8 |
| B22 Avitaminoses, etc. | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| B46 (1) Other endocrine etc. diseases | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | 2 |
| B23 Anaemias | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | 1 | 2 | ... | ... | 1 | 2 | 3 |
| B46 (3) Mental Disorders | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | 1 | ... | ... | 1 | ... | 2 | 1 |
| B46 (4) Other diseases of nervous system, etc. | 1 | ... | ... | ... | 1 | 2 | ... | 1 | 1 | ... | 3 | ... | 2 | ... | 2 | ... | 10 | 3 |
| B26 Chronic Rheumatic heart disease | 1 | ... | ... | 2 | ... | 2 | 1 | 1 | ... | 1 | 2 | ... | 1 | 2 | ... | 1 | 5 | 9 |
| B27 Hypertensive disease | 1 | 1 | 2 | 1 | 2 | 1 | 4 | ... | 2 | ... | 2 | 2 | 1 | 1 | ... | 2 | 14 | 8 |
| B28 Ischaemic heart disease | 20 | 13 | 33 | 31 | 40 | 23 | 16 | 17 | 24 | 27 | 26 | 17 | 31 | 15 | 28 | 19 | 218 | 162 |
| B29 Other forms of heart disease | 6 | 4 | 8 | 13 | 7 | 3 | 3 | 5 | 2 | 9 | 9 | 13 | 6 | 8 | 6 | 4 | 47 | 59 |
| B30 Cerebrovascular disease | 4 | 9 | 8 | 22 | 11 | 18 | 10 | 3 | 18 | 25 | 10 | 11 | 8 | 11 | 9 | 14 | 78 | 113 |
| B46 (5) Other diseases of circulatory system | 3 | 1 | 7 | 3 | 2 | 8 | 4 | 4 | 9 | 18 | 8 | 3 | 4 | 1 | 3 | 7 | 40 | 45 |
| B31 Influenza | ... | ... | ... | 1 | ... | 1 | ... | ... | 1 | 1 | ... | 1 | ... | 2 | 2 | 2 | 3 | 8 |
| B32 Pneumonia | 3 | 4 | 4 | 4 | 6 | 6 | 3 | 1 | 9 | 19 | 6 | 7 | 6 | 2 | 6 | 1 | 43 | 44 |
| B33 (1) Bronchitis and emphysema | 4 | ... | 6 | 3 | 8 | ... | 4 | 1 | 8 | 1 | 10 | 2 | 5 | 1 | 6 | 4 | 51 | 12 |
| B33 (2) Asthma | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | ... | 3 | 2 |
| B46 (6) Other diseases of respiratory system | 2 | ... | 2 | ... | 1 | 1 | 2 | 1 | ... | ... | 1 | 1 | ... | ... | 3 | ... | 11 | 3 |
| B34 Peptic ulcer | ... | 1 | 1 | 1 | ... | 1 | 1 | ... | 1 | 1 | ... | 1 | ... | ... | 2 | ... | 5 | 5 |
| B35 Appendicitis | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | ... | ... | ... | 2 | ... | ... | ... | 2 | 2 |
| B36 Intestinal obstruction and hernia | 1 | ... | 1 | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | 1 | ... | 1 | ... | 6 | ... |
| B37 Cirrhosis of liver | ... | ... | ... | ... | 1 | ... | ... | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | 2 | 1 |
| B46 (7) Other diseases of digestive system | 1 | 1 | 4 | 3 | ... | 2 | 1 | 1 | 2 | 3 | ... | ... | 1 | 1 | 1 | 2 | 10 | 13 |
| B38 Nephritis and nephrosis | 1 | 1 | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | 4 | 2 |
| B39 Hyperplasia of prostate | 1 | ... | 1 | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 | ... |
| B46 (8) Other diseases, genito-urinary system | 2 | 4 | ... | 1 | 1 | 2 | ... | ... | ... | ... | ... | 2 | ... | ... | 1 | ... | 4 | 9 |
| B41 Other complications of pregnancy, etc. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | 1 |
| B46 (10) Diseases of musculo-skeletal system | ... | ... | ... | 2 | ... | ... | 1 | ... | ... | 2 | 1 | 1 | ... | ... | ... | ... | 2 | 5 |
| B42 Congenital anomalies | 2 | 1 | 1 | 1 | ... | 1 | ... | 2 | 2 | 1 | 1 | ... | ... | 1 | ... | 1 | 6 | 8 |
| B43 Birth injury, difficult labour, etc. | 2 | ... | 1 | 1 | ... | ... | ... | ... | 2 | 1 | 2 | 2 | ... | ... | ... | 1 | 7 | 5 |
| B44 Other causes of perinatal mortality | 1 | ... | ... | ... | 2 | ... | 1 | ... | ... | ... | ... | ... | 2 | 1 | 1 | 1 | 7 | 2 |
| B45 Symptoms and ill-defined conditions | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | 2 | ... | ... | ... | 4 |
| BE47 Motor vehicle accidents | 3 | 2 | 4 | 2 | 2 | ... | 1 | ... | 1 | 1 | 1 | ... | 3 | ... | 3 | 1 | 18 | 6 |
| BE48 All other accidents | 2 | ... | ... | 4 | 2 | 2 | ... | ... | 1 | 8 | ... | 5 | 3 | 3 | 1 | 1 | 9 | 23 |
| BE49 Suicide and self-inflicted injuries | 2 | ... | 1 | ... | ... | 1 | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | ... | 5 | 1 |
| BE50 All other external causes | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 1 | 1 |

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

| CAUSES OF DEATH | AGGREGATE OF URBAN DISTRICT | | | | | | | | | | | | | | AGGREGATE OF RURAL DISTRICTS | | | | | | | | | | | | | |
|---|-----------------------------|----------------------|---------------------|----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|----------------------|------------------------------|----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|--|--|--|
| | Sex | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B4 Enteritis and other diarrhoeal diseases | M. F. | 1 3 | ... 3 | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 3 2 | 1 ... | ... 2 | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... |  |  |  |
| B5 Tuberculosis of respiratory system | M. F. | 1 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | | | |
| B6 Other tuberculosis, including late effects | M. F. | 1 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 1 | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | | | | |
| B17 Syphilis and its sequelae | M. F. | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |  |  |  |  |
| B18 Other infective and parasitic diseases | M. F. | 3 3 | ... 1 | 1 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 2 ... | 1 2 | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | | | | |
| B19 (1) Malignant Neoplasm—stomach | M. F. | 12 30 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 2 | 8 5 | 3 10 | 1 13 | 19 21 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... 2 | 4 2 | 6 8 | 8 9 | | | |
| B19 (2) Malignant Neoplasm—lung, bronchus | M. F. | 90 13 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 3 ... | 9 ... | 28 6 | 32 5 | 18 2 | 60 16 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 6 1 | 12 7 | 26 4 | 15 4 | | | |
| B19 (3) Malignant neoplasm—breast | M. F. | ... 27 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 4 | ... 7 | ... 9 | ... 19 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 4 | ... 3 | ... 4 | | | |
| B19 (4) Malignant neoplasm—uterus | M. F. | ... 18 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 2 | ... 3 | ... 8 | ... 4 | ... 4 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 1 | | | | |
| B19 (5) Leukaemia | M. F. | 8 10 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 1 | 1 1 | 4 2 | 3 3 | 3 2 | ... ... | ... ... | 1 ... | ... ... | ... ... | ... 2 | ... ... | ... 2 | ... ... | ... ... |  |  |  |  |
| B19 (6) Other malignant neoplasms, etc. | M. F. | 95 107 | ... ... | ... ... | ... ... | 3 1 | ... ... | ... ... | 1 ... | 5 17 | 20 21 | 35 31 | 31 31 | 88 65 | ... ... | ... ... | ... ... | ... ... | ... ... | 2 ... | 1 1 | 7 4 | 14 9 | 32 34 | | | | |
| B20 Benign and unspecified neoplasms | M. F. | 2 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 1 1 | 1 5 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 2 | ... ... | ... 3 | 1 ... | | | |
| B21 Diabetes mellitus | M. F. | 10 14 | ... ... | ... ... | ... ... | ... ... | ... 1 | ... ... | ... ... | 1 ... | 1 2 | 3 4 | 5 7 | 4 8 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 1 | 2 2 | 1 5 | | | |
| B22 Avitaminoses, etc. | M. F. | 1 1 | ... ... | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |  |  |  |  |
| B46 (1) Other endocrine etc., diseases | M. F. | 1 10 | ... ... | ... ... | ... ... | ... ... | ... 1 | ... ... | ... ... | 1 ... | ... ... | ... 2 | ... 6 | 1 2 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... 1 | | | | |
| B23 Anaemias | M. F. | 2 3 | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... 3 | 2 3 | ... ... | ... ... | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | 3 ... | | | |
| B24 Meningitis | M. F. | ... 1 | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |  |  |  |  |

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

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| CAUSES OF DEATH | AGGREGATE OF URBAN DISTRICT | | | | | | | | | | | | | AGGREGATE OF RURAL DISTRICTS | | | | | | | | | | | | |
|---|-----------------------------|----------------|---------------|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------------|---------------|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| | Sex | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B46 (3) Mental Disorders..... | M. F. | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 2 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 1 | |
| B46 (4) Other diseases of nervous system, etc. | M. F. | 18 6 | ... ... | ... 1 | 1 1 | ... ... | 3 ... | ... 1 | ... ... | 2 ... | 3 ... | 3 1 | 6 2 | 10 3 | ... ... | ... ... | 1 ... | 1 1 | ... ... | 1 ... | 1 2 | ... ... | 2 ... | 3 ... | ... ... |  |
| B26 Chronic rheumatic heart disease | M. F. | 16 12 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 2 | 3 3 | 6 1 | 5 1 | 1 5 | 5 9 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 3 1 | ... ... | 1 2 | 1 6 | |
| B27 Hypertensive disease | M. F. | 21 25 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 2 4 | 7 8 | 11 13 | 14 8 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 3 ... | 4 ... | 3 7 | | |
| B28 Ischaemic heart disease | M. F. | 263 194 | ... ... | ... ... | ... ... | ... ... | ... ... | 3 ... | 6 ... | 21 3 | 58 16 | 90 49 | 85 126 | 218 162 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 5 ... | 20 6 | 37 9 | 64 26 | 92 121 | |
| B29 Other forms of heart disease ... | M. F. | 43 63 | 1 ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 2 2 | 6 1 | 11 11 | 22 49 | 47 59 | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | 2 ... | 1 3 | 7 4 | 36 52 | |
| B30 Cerebrovascular disease | M. F. | 96 151 | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | 1 ... | 5 4 | 11 20 | 23 32 | 55 95 | 78 113 | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | 4 8 | 11 5 | 18 14 | 43 86 | |
| B46 (5) Other diseases of circulatory system..... | M. F. | 40 52 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 1 | ... 3 | 6 1 | 9 5 | 24 42 | 40 45 | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... 1 | 7 4 | 10 9 | 22 31 | |
| B31 Influenza | M. F. | 8 12 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... ... | 2 ... | 6 11 | 3 8 | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... | 2 1 | 1 5 | |
| B32 Pneumonia | M. F. | 55 58 | ... 1 | 2 2 | ... 1 | 1 1 | ... ... | 1 ... | ... ... | 3 ... | 3 2 | 10 12 | 35 39 | 43 44 | 1 1 | 1 2 | 2 ... | ... ... | 1 ... | ... 1 | ... ... | 1 ... | 2 2 | 7 8 | 27 30 | |
| B33 (1) Bronchitis and emphysema | M. F. | 86 29 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 2 ... | 13 9 | 30 11 | 41 11 | 51 12 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 2 1 | 13 1 | 18 3 | 17 7 | |
| B33 (2) Asthma..... | M. F. | ... 2 | ... ... | ... ... | ... ... | ... 2 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 3 2 | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... 1 | ... ... | ... ... | 1 1 | 1 ... | |
| B46 (6) Other diseases of respiratory system..... | M. F. | 10 6 | ... ... | 2 3 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 3 1 | 4 2 | 11 3 | ... ... | 3 1 | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 2 ... | 3 2 | 2 ... | |
| B34 Peptic ulcer | M. F. | 15 4 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... 1 | ... ... | 2 ... | 4 ... | 9 3 | 5 5 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 2 3 | 3 2 | |
| B35 Appendicitis | M. F. | 2 ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | 1 ... | ... ... | ... ... | 2 2 | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... ... | ... ... | ... 1 | 1 ... | ... 1 | |
| B36 Intestinal obstruction and hernia | M F. | 7 7 | 1 1 | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... 1 | 2 3 | 3 3 | 6 ... | ... ... | ... ... | ... ... | 1 ... | ... ... | ... ... | ... ... | ... ... | 1 ... | 1 ... | 3 ... | |
| B37 Cirrhoses of liver | M. F. | 3 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 1 ... | ... ... | 1 ... | 1 ... | 2 1 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | 2 ... | ... ... | ... 1 | |

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON

| CAUSES OF DEATH | AGGREGATE OF URBAN DISTRICT | | | | | | | | | | | | | AGGREGATE OF RURAL DISTRICTS | | | | | | | | | | | | |
|--|-----------------------------|----------------|---------------|-------------------------|--------|--------|--------|--------|--------|--------|---------|---------|-----------|------------------------------|---------------|-------------------------|--------|--------|--------|--------|--------|--------|--------|---------|-----------|--|
| | Sex | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | Total All Ages | Under 4 weeks | 4 wks. and Under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75 & over | |
| B46 (7) Other diseases of digestive system..... | M. F. | 10 18 | | | | ... 1 | | 1 1 | 1 1 | 2 2 | 4 2 | 14 14 | 2 2 | 10 13 | | | | | | | 1 1 | 3 3 | ... 2 | 3 2 | 3 9 | |
| B38 Nephritis and nephrosis | M. F. | 1 5 | ... .. | ... .. | ... .. | ... 1 | ... .. | ... .. | ... 1 | 1 1 | ... 1 | 2 2 | ... 2 | 4 2 | ... .. | ... .. | 1 1 | ... .. | 1 1 | ... .. | 1 1 | ... 1 | ... 1 | ... .. |  |  |
| B39 Hyperplasia of prostate | M. F. | 11 ... | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 3 8 | ... .. | ... .. | 4 4 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 1 1 | 3 3 | | |
| B46 (8) Other diseases, genito-urinary system | M. F. | 14 9 | ... .. | ... .. | ... .. | ... .. | 1 1 | 1 1 | 1 2 | 2 2 | 3 8 | 4 4 | 2 4 | 4 9 | ... .. | 1 1 | ... .. | ... .. | ... 1 | 1 1 | ... .. | ... 2 | ... 2 | 3 4 | | |
| B41 Other complications of pregnancy, etc. | F. F. | 1 ... | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 1 1 | ... .. | ... .. | ... .. | 1 ... | ... .. | ... .. | ... .. | ... .. | ... .. | 1 1 | ... .. | ... .. | ... .. | ... .. |  |  |
| B46 (9) Diseases of skin, sub-cutaneous tissue | M. F. | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | 2 ... | | |
| B46 (10) Diseases of musculo-skeletal system | M. F. | 4 9 | ... .. | ... .. | ... .. | ... .. | 1 1 | 1 1 | 1 1 | 2 2 | 3 7 | 2 7 | 5 5 | 2 5 | ... .. | ... .. | ... 1 | ... 1 | ... .. | ... .. | ... .. | 1 1 | ... 1 | ... 2 | | |
| B42 Congenital anomalies | M. F. | 12 15 | 4 7 | 3 4 | 1 4 | ... .. | ... .. | ... .. | 1 1 | 2 2 | ... .. | ... .. | ... .. | 6 8 | 2 5 | 1 ... | ... 1 | ... .. | ... .. | ... .. | 1 1 | 1 1 | ... .. | ... .. |  |  |
| B43 Birth injury, difficult labour, etc. | M. F. | 3 8 | 3 8 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 7 5 | 6 5 | 1 ... | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. |  |  |
| B44 Other causes of perinatal mortality | M. F. | 10 7 | 10 7 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 7 2 | 7 1 | ... 1 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. |  |  |
| B45 Symptoms and ill-defined conditions | M. F. | 4 5 | ... .. | ... .. | 1 1 | 1 1 | ... .. | ... .. | ... .. | ... .. | 2 5 | ... .. | ... 4 | ... 4 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... 4 | | |
| BE47 Motor vehicle accidents | M. F. | 12 5 | ... .. | ... .. | 2 3 | 1 1 | 2 1 | 2 1 | ... 1 | 2 ... | 2 ... | 1 ... | 18 6 | 18 6 | ... .. | ... .. | ... 2 | 8 1 | 1 1 | 2 1 | ... .. | 3 1 | 1 2 | | | |
| BE48 All other accidents..... | M. F. | 20 17 | ... — | 1 1 | 5 1 | 1 1 | 1 ... | 1 ... | ... .. | 5 2 | 1 4 | 8 23 | 9 23 | 9 23 | ... .. | 1 ... | 1 3 | ... .. | ... 1 | 1 1 | ... .. | 2 6 | 3 9 | | | |
| BE49 Suicide and self-inflicted injuries | M. F. | 4 1 | ... .. | ... .. | ... .. | ... .. | 1 1 | 1 1 | 1 ... | 1 ... | 1 ... | 5 1 | 5 1 | 5 1 | ... .. | ... .. | ... .. | 1 1 | ... .. | 1 ... | 1 1 | 1 ... | 1 ... | | | |
| BE50 All other external causes | M. F. | 3 2 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 1 2 | ... .. | 1 1 | 1 1 | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | ... .. | 1 1 | ... .. |  |  |  |
| TOTAL ALL CAUSES | M. F. | 1021 967 | 19 29 | 13 12 | 10 11 | 5 4 | 8 5 | 9 7 | 21 9 | 61 51 | 186 103 | 295 214 | 394 522 | 799 709 | 17 12 | 7 7 | 8 5 | 7 3 | 16 2 | 6 7 | 15 7 | 57 36 | 122 63 | 219 126 | 325 441 | |

| URBAN DISTRICTS | Brackley M.B. | | Burton Latimer U.D. | | Corby U.D. | | Daventry M.B. | | Desboro' U.D. | | Higham Ferrers M.B. | | Irthlingborough U.D. | | Kettering M.B. | | Oundle U.D. | | Raunds U.D. | | Rothwell U.D. | | Rushden U.D. | | Wellingborough U.D. | | Aggregate of U.D.s. | | |
|--|---------------|-------|---------------------|-------|------------|-------|---------------|--------|---------------|-------|---------------------|--------|----------------------|---------|----------------|-----|-------------|-----|-------------|-----|---------------|-----|--------------|-----|---------------------|-----|---------------------|------|----|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| Live Births | 34 | 35 | 68 | 58 | 525 | 529 | 95 | 107 | 38 | 48 | 39 | 37 | 53 | 54 | 354 | 319 | 22 | 22 | 62 | 66 | 38 | 32 | 193 | 165 | 367 | 350 | 1888 | 1822 | |
| | 32 | 33 | 63 | 57 | 489 | 486 | 90 | 102 | 35 | 47 | 38 | 34 | 51 | 49 | 320 | 289 | 21 | 21 | 61 | 63 | 35 | 29 | 179 | 152 | 325 | 314 | 1739 | 1676 | |
| | 2 | 2 | 5 | 1 | 36 | 43 | 5 | 5 | 3 | 1 | 1 | 3 | 2 | 5 | 34 | 30 | 1 | 1 | 1 | 3 | 3 | 3 | 14 | 13 | 42 | 36 | 149 | 146 | |
| Still Births | ... | 1 | 2 | 2 | 8 | 10 | 1 | 2 | ... | ... | 1 | ... | ... | ... | 3 | 4 | ... | ... | 3 | ... | 1 | ... | 2 | 1 | 5 | 7 | 26 | 27 | |
| | ... | 1 | 2 | 2 | 7 | 10 | 1 | 1 | ... | ... | 1 | ... | ... | ... | 3 | 4 | ... | ... | 3 | ... | ... | ... | 1 | 1 | 5 | 6 | 23 | 25 | |
| | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 | 2 | |
| Deaths of Infants under 1 year of age | 1 | ... | 2 | 2 | 11 | 9 | 1 | 4 | 1 | ... | 1 | ... | 1 | 1 | 8 | 7 | ... | ... | ... | ... | ... | 1 | 1 | 1 | 2 | 5 | 14 | 32 | 41 |
| | 1 | ... | 2 | 2 | 11 | 8 | 1 | 3 | 1 | ... | 1 | ... | 1 | ... | 7 | 7 | ... | ... | ... | ... | ... | 1 | 1 | 1 | 2 | 5 | 13 | 31 | 36 |
| | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | 1 | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 5 |
| Deaths of Infants under 4 weeks of age | ... | ... | ... | 1 | 7 | 6 | 1 | 4 | 1 | ... | ... | ... | 1 | ... | 5 | 5 | ... | ... | ... | ... | ... | ... | ... | 2 | 2 | 4 | 10 | 19 | 29 |
| | ... | ... | ... | 1 | 7 | 5 | 1 | 3 | 1 | ... | ... | ... | 1 | ... | 4 | 5 | ... | ... | ... | ... | ... | ... | ... | 2 | 2 | 4 | 9 | 18 | 26 |
| | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 3 |
| Deaths of Infants under 1 week of age | ... | ... | ... | 1 | 5 | 5 | 1 | 3 | 1 | ... | ... | ... | 1 | ... | 4 | 3 | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 4 | 5 | 16 | 19 |
| | ... | ... | ... | 1 | 5 | 4 | 1 | 2 | 1 | ... | ... | ... | 1 | ... | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 4 | 5 | 15 | 17 |
| | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 2 |
| Estimated mid-year Home Population | 4,480 | 5,270 | 48,150 | 8,500 | 4,710 | 4,390 | 5,310 | 39,730 | 3,660 | 5,190 | 4,710 | 17,850 | 34,450 | 186,400 | | | | | | | | | | | | | | | |
| Comparability Factors | Births | ... | 0.83 | 1.15 | 1.29 | 1.30 | 1.03 | 1.10 | 1.30 | 1.18 | 1.24 | 1.08 | 1.05 | 1.02 | | | | | | | | | | | | | | | |
| | Deaths | ... | 2.48 | 0.65 | 0.90 | 1.12 | 1.03 | 0.87 | 0.59 | 0.77 | 0.87 | 0.95 | 0.85 | 1.04 | | | | | | | | | | | | | | | |

| RURAL DISTRICTS | Brackley R.D. | | Brixworth R.D. | | Daventry R.D. | | Kettering R.D. | | Northamp- ton R.D. | | Oundle and Thrapston R.D. | | Towcester R.D. | | Welling- borough R.D. | | Aggregate of R.D.'s. | | |
|--|---------------|--------|----------------|--------|---------------|--------|----------------|--------|-----------------------|--------|------------------------------|--------|----------------|--------|--------------------------|--------|-------------------------|---------|--|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | |
| Live Births | 136 | 123 | 135 | 126 | 167 | 143 | 76 | 95 | 199 | 177 | 129 | 130 | 217 | 179 | 142 | 146 | 1201 | 1119 | |
| | 127 | 119 | 126 | 118 | 157 | 127 | 68 | 93 | 189 | 169 | 120 | 124 | 206 | 163 | 137 | 138 | 1130 | 1051 | |
| | 9 | 4 | 9 | 8 | 10 | 16 | 8 | 2 | 10 | 8 | 9 | 6 | 11 | 16 | 5 | 8 | 71 | 68 | |
| Still Births | 1 | 1 | ... | 1 | ... | 1 | ... | ... | 3 | 3 | 2 | 4 | 2 | 3 | ... | 2 | 8 | 15 | |
| | 1 | 1 | ... | 1 | ... | 1 | ... | ... | 2 | 2 | 2 | 3 | 2 | 3 | ... | 1 | 7 | 12 | |
| | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | 1 | 1 | 3 | |
| Deaths of Infants under 1 year of age | 7 | 3 | 1 | 2 | 3 | 2 | 2 | 1 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 24 | 19 | |
| | 6 | 3 | 1 | 2 | 3 | 2 | 2 | ... | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 21 | 17 | |
| | 1 | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | ... | ... | 1 | 1 | ... | 3 | 2 | |
| Deaths of Infants under 4 weeks of age | 4 | 1 | 1 | 2 | 3 | 1 | 1 | ... | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 17 | 12 | |
| | 3 | 1 | 1 | 2 | 3 | 1 | 1 | ... | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 15 | 12 | |
| | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 2 | ... | |
| Deaths of Infants under 1 week of age | 4 | ... | 1 | 1 | 1 | ... | 1 | ... | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 14 | 9 | |
| | 3 | ... | 1 | 1 | 1 | ... | 1 | ... | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 12 | 9 | |
| | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 2 | ... | |
| Estimated mid-year Home Population | | 13,680 | | 17,100 | | 18,430 | | 12,180 | | 21,480 | | 18,280 | | 17,850 | | 15,720 | | 134,720 | |
| Comparability Factors | Births | | 1.11 | | 1.24 | | 1.13 | | 1.05 | | 1.09 | | 1.09 | | 1.10 | | 1.12 | | |
| | Deaths | | 0.85 | | 1.02 | | 1.01 | | 0.72 | | 1.01 | | 0.96 | | 0.95 | | 0.94 | | |

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